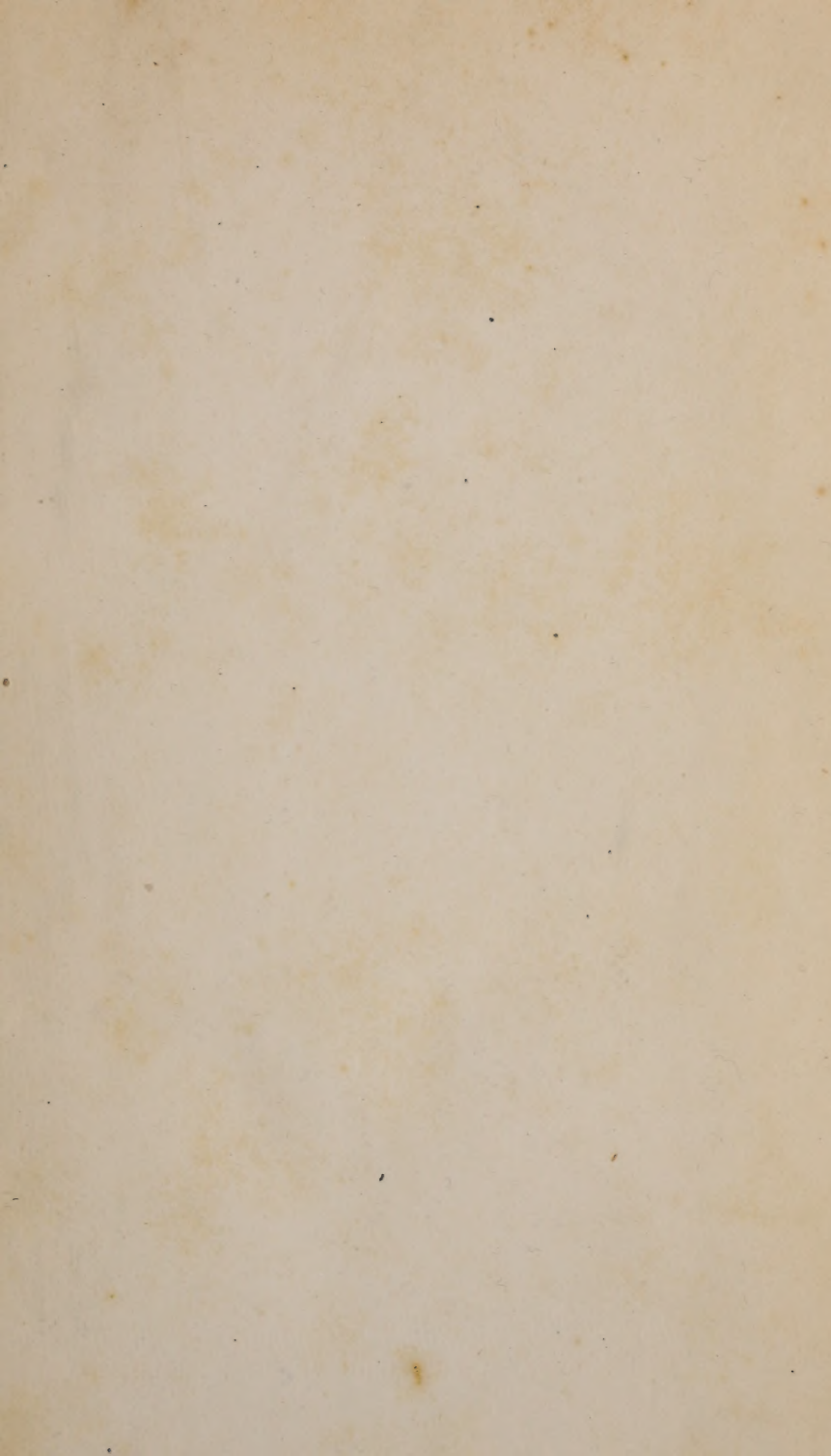




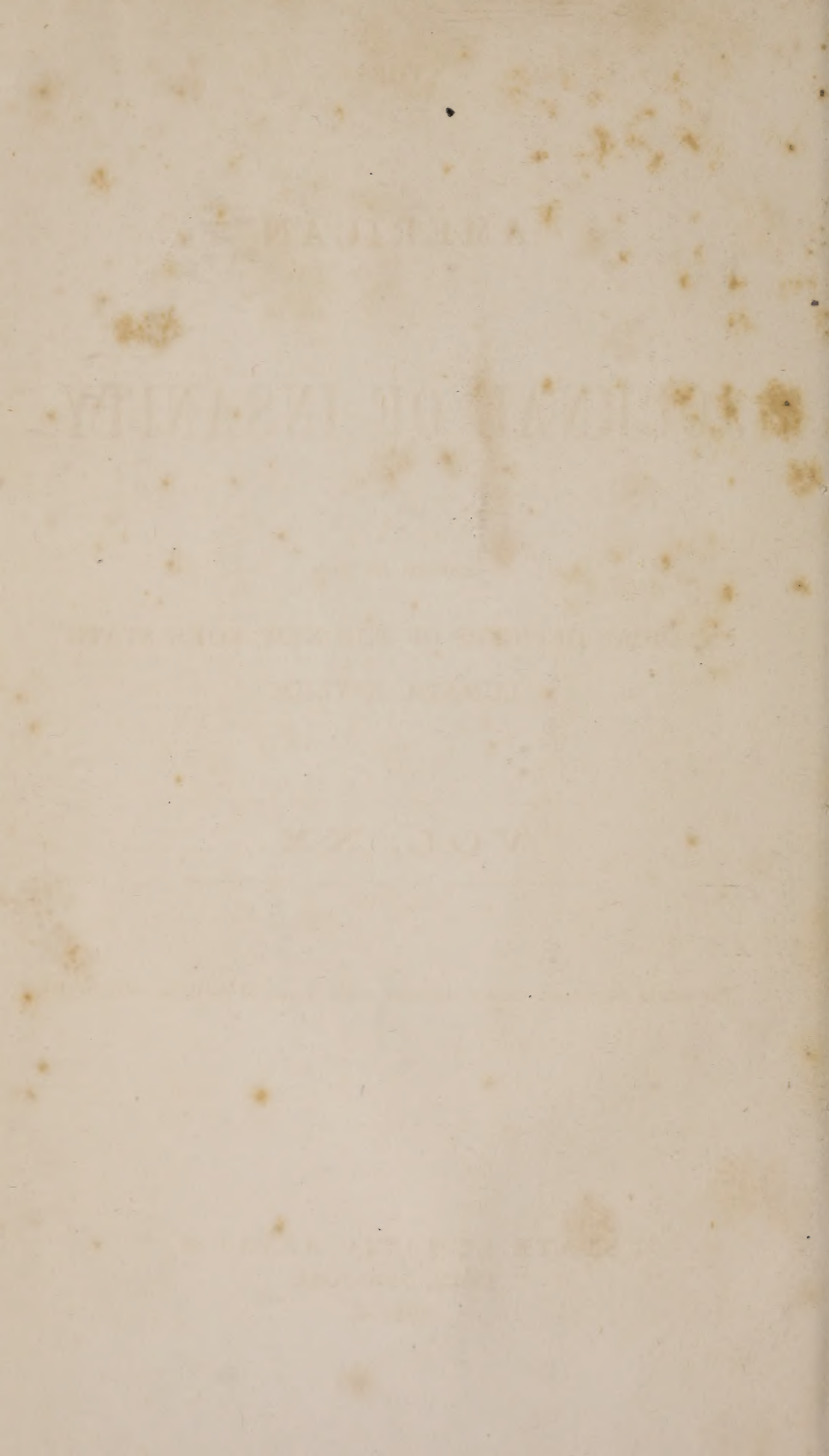
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THE
AMERICAN
JOURNAL OF INSANITY.

EDITED BY THE
MEDICAL OFFICERS OF THE NEW YORK STATE
LUNATIC ASYLUM.

VOL. XX.

The care of the human mind is the most noble branch of medicine.—GROTIUS.

STATE LUNATIC ASYLUM,
UTICA, NEW YORK.
1863-4.

CURTISS & WHITE, PRINTERS,
171 Genesee Street, Utica.

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AMERICAN JOURNAL OF INSANITY.

Vol. XX.

UTICA, JULY, 1863.

No. 1.

SHAKSPEARE'S PSYCHOLOGICAL DELINEATIONS.

BY A. O. KELLOGG, M. D., ASSISTANT PHYSICIAN STATE ASYLUM, UTICA.

JAQUES.

In the character of Jaques, it has almost uniformly been supposed that Shakspeare intended to represent a certain shade of melancholia. He is called the "melancholy Jaques" by one character in the play; and Rosalind, as was quite natural for her, tells him he is regarded as a very "melancholy fellow." He speaks of himself as one who is sometimes "wrapped in a most humorous sadness," and to us it seems a most *humorous* sadness indeed, that can "suck melancholy from a song as a weasel sucks eggs." In fact, Jaques is not a melancholic at all, in the sense in which that word is generally understood by psychologists. He seems to regard his melancholy as something quite unique, and peculiar to himself, and totally unlike any other ever seen or heard of. When pressed by Rosalind to describe it, he finds himself unable to say in what his strange melancholy consists; yet of one thing he is certain, it is something very delicious, and a thing which he cherishes and "loves better than laughing."

"It is not the scholar's melancholy, which is emulation; nor

the musician's, which is fantastical ; nor the courtier's, which is proud ; nor the soldier's, which is ambitious ; nor the lawyer's, which is politic ; nor the lady's, which is nice ; nor the lover's, which is all these ;" but it is a "melancholy of his own," which is "compounded of many simples, and extracted from many objects," and one which frequently "wraps him in a most humorous sadness."

The first introduction which we have to Mons. Jaques is in the forest of Arden, and the first words he utters are in commendation of that delightful little song of Amiens', which, it strikes us, is anything but melancholy, or suggestive of it :

"Under the greenwood tree,
Who loves to lie with me,
And tune his *merry* note
Unto the sweet bird's throat," &c.

Well may Jaques cry "more, more, I pr'ythee, more!" for the kind of melancholy he could suck from such a song, was quite as luscious to his feelings and intellectual appetite, as is the fresh egg to the palate of the egg-sucking weasel.

The true melancholic is the greatest of egotists. All his thoughts run in the one turbid stream, which wells up from the dark depths of feeling within him, when the fountain is stirred by disease and morbid impulse. With such, however, Jaques "has no part or lot whatever," and though he be called a "melancholy fellow," he is, nevertheless, a most delightful dreamer, and the very prince of contemplative, moralizing idlers ; a sort of intellectual and emotional epicurean, if we may use the expression, whose mental appetite is the most dainty imaginable. Everything in external nature, it matters not what, which can in any way administer to his intellectual and emotional gratification, he lays hold upon eagerly, and, once within his grasp, he converts it into a most delicious, healthful, and life-giving intellectual aliment ; not like the true melancholic, who, by his morbid imagination, converts it into a poison. Indeed, after a careful examination of him, we confess our inability to discover anything really morbid in his mental or moral organization, except, perhaps, his love for lounging and moralizing "under the

greenwood tree" and by the "babbling brook," be regarded as such. He can laugh at a fool an hour by his dial "sans intermission," or until his lungs "do crow like chanticler."

The true melancholic has no sympathy whatever with anything external to himself; he cannot force a genuine smile, even at things the most ludicrous, and can only weep and sigh over his own fancied ills and misfortunes. Jaques, on the contrary, though at times he appears to assume the garb of cynicism, as a sort of intellectual gratification or freak, is never egotistical or misanthropic, but manifests the keenest sympathy with everything. "His sullen fits," as they are called, in which, according to the duke, he is so "full of matter," do not by any means present the spectacle of a melancholic. What melancholic that ever lived, and wept, and sighed, would, like Jaques, have "moralized the spectacle" of a wounded stag "into a thousand similes."

- "First, for his weeping into the needless stream;
'Poor deer,' quoth he, 'thou mak'st a testament
As worldings do, giving thy sum of more
To that which had too much.' Then, being alone,
Left and abandoned of his velvet friends,
'Tis right,' quoth he, 'thus misery doth part
The flux of company.' Anon, a careless herd,
Full of the pasture, jumps along by him,
And never stays to greet him. 'Ay,' quoth Jaques,
'Sweep on, you fat and greasy citizens;
'Tis just the fashion. Wherefore do you look
Upon that poor and broken bankrupt there?'"

Melancholics are not given to such moralizing as this; they have no sympathies with humanity, much less with inferior creatures, but are wholly wrapped up in themselves and their own real or fancied ills, and can scarcely be said to moralize at all; they theorize much, however, upon these ills, and speculate continually on their imaginary misfortunes. All their ideas centre in themselves, and to this focus they seek to concentrate the thoughts of those who approach them. Jaques, on the contrary, never alludes to himself for the purpose of enlisting the sympathies of others in his behalf. When,

"Most invectively he pierces through
The body of country, city, court," &c.

he does it more as a moralist than as a cynical misanthrope, or melancholy egotist—"more in sorrow than in anger," and because in the kindness of his heart, he has little sympathy with the abuses which he sees about him in every direction. All the superficial conventionalities of life not founded upon genuine feeling, he heartily despises—the hollow pretences of courtiers, the false flatteries of the world, he "pierces through" with the keenness and certainty of instinct, and vents his opinion of them. He feels sympathy for all genuine and refined emotion; for this he experiences, cultivates, and cherishes; but to him, "that they call compliment, is like the encounter of two dog-apes."

He shuns the company of the duke, because he looks upon him as a man of many words and few thoughts—a character not at all in accordance with his ideas and feelings. The duke, he says, "is too disputable for my company; I think of as many things as he, but I give heaven thanks and make no boast of them." Jaques has no companions equal to his own thoughts. When he is told by Amiens that the duke "has been all this day to look you," he replies in a most significant manner that he "has been all this day to avoid him." When, at last, he discovers himself to his friends, he had been laughing an hour by the fool's dial, "sans intermission," and the quiet yet significant irony, he pours out upon lady fortune, the duke, and the miserable world, in his rhapsody over this motley fool he has met in the forest, is most edifying and characteristic. The fool has made the profound discovery of "the way the world wags,"—that as ten o'clock is preceded by nine, and followed by eleven,

"So, from hour to hour we ripe and ripe,
And then, from hour to hour, we rot and rot,
And thereby hangs a tale."

The irony expressed in the lines which follow in reference to the amusement afforded him by the fool, is about as rich in its way as anything which can be found.

"When I did hear
 The motley fool thus moral on the time,
 My lungs began to crow like chanticleer,
 That fools should be so deep-contemplative;
 And I did laugh, sans intermission
 An hour by his dial.—O noble fool!
 A worthy fool! Motley's the only wear."

To the duke's question "what fool is this?" he answers that he is a "worthy" fool, and "one that hath been a courtier," and therefore, as a matter of course, a genteel, if not a philosophical fool, that can make the most profound observation ever conceived by a brain "as dry as the remainder biscuit after a voyage," viz. that,

"If ladies be but young and fair,
 They have the gift to know it."

His greatest ambition, he professes, is to be a fool, that he may utter his sentiments without giving offence to any one, that he may "rail on lady fortune in good terms, in good set terms," and utter what he thinks, in a pleasant way, without being called to account for it,

"O that I were a fool!
 I am ambitious for a motley coat." * *
 "Invest me in my motley; give me leave
 To speak my mind, and I will through and through
 Cleanse the foul body of the infected world,
 If they will patiently receive my medicine."

But here, let it be observed, he would only be a fool on certain conditions, which conditions, it strikes us, are highly creditable to both his head and his heart. He will be allowed the license of a fool only, and,

"Provided, that you weed your better judgments
 Of all opinion that grows rank in them,
 That I am wise. I must have liberty * *
 To blow on whom I please; for so fools have:
 And they that are most galled with my folly,
 They most must laugh. And why sir, must they so?
 The *why* is plain as way to parish church.
 He that a fool doth very wisely hit,
 Doth very foolishly, although he smart,
 Not to seem senseless of the bob. If not,
 The wise man's folly is anatomized
 E'en by the squandering glances of the fool."

But he would not like to indulge in personalities, and "therein tax any private party," or hurt any one's feelings; for this he is too gentle, and his character in this respect contrasts most favorable with that of the duke, who indulges in the grossest personalities towards him, and thereby shows that, if the one is the nobleman, the other is, in this respect, much more the gentleman :

Duke. Fie on thee! I can tell what thou would'st do.

Jaques. What, for a counter, would I do but good?

The duke replies in a tirade of most ungentlemanly personalities, and the way these are received and replied to by Jaques is characteristic of him, and highly creditable to his temper and disposition. How charmingly he eschews all personalities, and a disposition to injure the feelings of individuals, in his innocent railings, in what follows :

" Why, who cries out on pride,
That can therein tax any private party?
Doth it not flow as hugely as the sea,
Till, that the very, very means do ebb?
What woman in the city do I name,
When that I say, the city woman bears
The cost of princes on unworthy shoulders?
Who can come in, and say, that I meant her,
When such a one as she, such is her neighbor?"

Thus does he answer the coarse railings, and gross personalities of the duke. He does not stoop to reply in the same strain, and the disposition of Jaques is no where shown to better advantage, than in this scene. The charge of libertinism and sensuality, made in such a way, he deems unworthy of an answer, and he sets forth the *animus* which calls out his invectives against the world, and shows that he deals in generalities. If, in the language of the duke, he "disgorges into the general world," unlike him, he is never grossly personal or discourteous.

Jaques.

" Let me see wherein

My tongue hath wronged him; if it do him right,
Then he hath wronged himself: if he be free,
Why then, my taxing like a wild goose flies,
Unclaimed of any man."

Some one of Shakspeare's critics has made the remark that

the character of Jaques seems to have been intended by Shakspeare, as a satire upon satirists. If Jaques was intended as a satirist in any sense, he certainly appears to us the most gentle of his crew. His railings, though they may be "in good set terms," are always kindly, and show that he is sound hearted, and possessed of many generous feelings and gentle impulses. Neither the sting of abusive words, nor the attempt of Orlando to rob him of his meal when famishing in the forest, call forth any violence of speech or action, neither does his conduct here, leave upon the mind the impression of cowardice but of forbearance, and a kindly consideration for the wants and distresses of others similarly situated. When suddenly set upon with a drawn sword, his words are significant, and quite in accordance with previous manifestations. His language is not the language of fear, but simply of quiet concession to the wants of others, perhaps more pressing than his own :

"An you will not be answered with reason.
I must die."

He cares little for eating or drinking, only that thereby he can live, and dream, and moralize everything "into a thousand similes." And these philosophical moralizings of his, seem to have culminated in the famous passage in Act II, Scene 7 :

"All the world's a stage,
And all the men and women merely players.
They have their exits and their entrances ;
And one man in his time plays many parts,
His acts being seven ages."

To Jaques, as to Prospero, everything external was merely a mockery, a show, "an insubstantial pageant," fading, if not faded, and thought, the only thing really enduring, and in the end strictly substantial ; and as the sensualist says to himself, "let us eat and drink, for to-morrow we die," so, to both these dreamers, we are *really* "such stuff as dreams are made of," and as finally, our "little life" is to be "rounded with a sleep," therefore, in their philosophy, the true way to pass off even this "little life," is in moralizing, thinking, and dreaming.

This may not be sound practical philosophy, but we find in it little trace of anything morbid, melancholic, or egotistic. There is, perhaps, a certain delicate shade of sadness, which borders on melancholy, but there is nothing really morbid. Everything is strictly within the bounds of physiological soundness.

Jaques, like all of Shakspeare's characters, is complete in his way, and undoubtedly, just what the poet intended him to be. He does "after his kind," exactly what he is expected to do, and nothing more nor less.

Viewed as a phase of human character, he is, as we have said, complete; but viewed as a model of humanity, he is, in his mental and moral organization, most incomplete and inharmonious, but none the less genuine. One great main-spring in his mental and moral machinery has either been broken and destroyed, or left out originally. That the former was the case, we are led to believe, not only from his general characteristics, as shown in his "walk and conversation," but from the words of the duke, which we have already referred to. Like Falstaff, he had no genuine love for the sex. This was not in the nature of the latter originally, as shown in the forced attempt in the "Merry Wives," to represent him in love, and which attempt, we are told, was made by order of the poet's mistress, Queen Elizabeth, and could not, with consistency, be shown in any other way than it was in this play. When the duke says to Jaques,

"Thou thyself has't been a libertine,
As sensual as the brutish sting itself,"

we are forced, reluctantly, to believe him, not only from the fact that Jaques does not so much as give the assertion a simple denial, but from the evidence furnished by his contemptuous manner of dealing with the tender passion, whenever and under whatever circumstances he comes in contact with it—whether it be in Audrey, Touchstone, Rosalind or Orlando. To him, the clownish love, courtship and marriage of Audrey and Touchstone, is quite as interesting and romantic as that of Rosalind and Orlando. The sharp dialogue between him and Orlando in Act III. Scene 2d, shows that he has far less

sympathy with unfortunate swains smitten by the arrows of cupid, than for the stag, smitten by the arrow of the hunter in the forest of Arden. He can laugh at the one as heartily as he can weep at the other. In the true spirit of the bachelor, he begs Orlando to "mar no more trees by writing love songs on their barks;" annoys him by telling him he does not like the name of his love, and when Orlando replies so prettily to his question about her stature, telling him that she is "just as high as his heart," he pours ridicule upon him by asking him if he had not "been acquainted with goldsmiths' wives, and conned his pretty answers out of rings." He tells Orlando that his worst fault is being in love, and ends by hinting, that good seignior love is a fool.

In the famous love scene between Touchstone and Audrey, in Act III. Scene 3d, which Jaques witnesses unobserved at a distance, it has often struck us that a sight of his countenance, as he contemplated the amorous farce before him, would have furnished any one but a genuine melancholic, with material sufficiently ludicrous to cause him to laugh an hour by the dial "sans intermission;" and Jaques seems to have entered into the scene, with altogether too much zest, for a genuine melancholic. After the entrance of Sir Oliver Mar-text to perform the marriage ceremony, and when the sport is like to be cut short by the want of some one to give away the bride, Jaques steps forward and offers his humble services. "Proceed, proceed, I'll give her." * * "Will you be married, Motley?" It strikes us that the countenance of Jaques at this precise point, was expressive of emotions about the opposite of melancholy. In fact, we think it has been sufficiently shown that Jaques is no melancholic, in the strict sense of the term, and as it is now used by modern psychologists; but that this most curiously unique of the poet's characters is more of a humorist, or gentle satirist, and that his apparent melancholy consists in a profound love for contemplation and moralizing. This he can do, as he can laugh, by the hour, "sans intermission." And what is better, we are never tired of him; but like the duke, are glad to "cope him in his sullen fits," when he is so "full of matter." And, what is more, the world will

never tire of him. Already, nearly three centuries, with their generations have passed away, and much that these years have produced, has passed with them into utter forgetfulness "and mere oblivion." Much more which now clamors loudly for earthly immortality, will follow; but that extraordinary gathering in the forest of Arden, will never be scattered. The old man Adam, though nearly famished, when we last saw him, yet lives. Touchstone is there; he too thank heaven, will never take his departure. Celia, Orlando, and Rosalind are yet there, in all the freshness of immortal youth. Jaques still lingers in the forest, moralizing, laughing and weeping, and there we leave him, where the generations of the earth will find him, in all coming time, "under the greenwood tree," and by the "babbling brook." We shall not stop to inquire the precise geographical position of the forest of Arden, as this would be a species of topographical criticism for which we have little taste or inclination; but content ourselves with the thought, that wherever it is, it yet "waves above them its green leaves," and though "dewy with nature's tear drops," will never be found "weeping," that the shadows of its immortals have passed forever away.

MINOR MENTAL MALADIES.*

BY ANDREW MC FARLAND, M. D.

It is a constantly recurring question, how far the terms *healthy* and *sane* should be regarded as the expressions of a strictly positive idea.

The solecism that a person is partially sick, is seldom heard; but the term partially insane is so common as to pass without a question. The boundary between physical health and disease is supposed to be well defined. The determinate point

*Read before the Illinois State Medical Society, May 6, and the American Association of Superintendents of American Institutions for the Insane, May 19, 1863.

at which a person shall be called physically *sick* has a certain precision about it, it being a point which the person affected can define for himself. All there is arbitrary about it arises from peculiarities of mental constitution, which may lead one individual to fix the period at an earlier date than that chosen by another. In all mental affections, however, the opinions of those who pass judgment upon themselves, are regarded more in the light of *ex parte* proceedings, requiring confirmation by the judgment of others.

The "thin partitions" recognized in Dryden's couplet, fade away almost entirely in regard to a great number of cases of mental impairment, creating a border territory, on the domain of which reason or madness may be supposed to hold sway, much according to the caprice in opinion of whoever may, for the time being, pass judgment thereupon.

Perpetual embarrassments and social disturbances are taking place from the sayings and doings of individuals, who, while occupying the wrong side of the border line, claim the prerogatives exclusively appertaining to the occupants of the other, neither themselves nor those affected by their acts perceiving the wrong stand-point from which such acts have their issue. Probably physicians, more frequently than any other class, are subject to such embarrassments, and it will be the present object to pass in review some of those abnormal mental states which are apt to impose upon the practitioner, and sometimes, I apprehend, seriously warp his judgment.

It is presumed that, in the all-important matter of health, the statement of the patient to his physician will be as strictly truthful as language can make it. The physician always having this in mind, becomes, at the bedside of his patient, the most credulous of men, usually accepting, without question, all statements of facts on matters not otherwise capable of demonstration. It is only where the statement is most strikingly at variance with probability that his suspicions are ever aroused, and then even so tardily and feebly that he may be the victim of most egregious impositions for a long period. In his department, as in all others, the most successful impostor is the one who is himself deceived, and the earnestness,

profound sincerity, and ceaseless importunity with which some self-deception may be forced on the unsuspecting physician, will command for a palpable error all the attention due to matters of highest earthly consequence.

Sources of error more trifling than any which proceed from a patient's imagination, may warp the judgment of the unthinking physician. Even the temperament of the messenger, whose only office it is to convey the summons of the sick man to the doctor, may be potent enough to sway the latter into a prejudgment of the case in matters of diagnosis and treatment. How many physicians are there who could be aroused from deep slumber and hurried to the bed of a sick man by some such Mercurius of a messenger as we have seen, without being prepared with a prognosis, diagnosis and treatment, hard to be abandoned, which had been colored, at least, by the glowing imagination of such an insignificant functionary?

The mere idea of being diseased, as it impresses the mind of one to whom health is the natural state, is productive of an abnormal mental condition. The stays and supports which the mind receives in the conception of a variety of ideas, are missed when one engrossing idea occupies the attention. The estimate which the physician has gathered of his patient while in a state of health, fails him when the individual assumes the relation of a patient. Timidity, want of confidence, and even incivility are found to have taken the place of the manliness in which the same individual was before supposed to abound.

There are circumstances attending the mere occupancy of a sick bed, calculated, irrespective of the form of the disease, to place one in a factitious state of mind, which the physician will do well to consider. Even the disrobing and going to bed puts a person in an unnatural relation to the erect and active world about him. A man can not even exchange his roundabout and boots for a dressing-gown and slippers without being made, in feeling, at least, somewhat effeminate by the act, and what an abatement in his manliness is there when he is reduced—a single garment only excepted—to the original suit in which he made his mundane début. It was regarded

as one of the clearest proofs of the regal dignity of Louis XIV. that he could dress and undress, take his physic and endure its consequences, while surrounded by his courtiers, his dignity the while suffering no disturbance. Few persons unpracticed in state craft would dare venture the experiment. Cæsar, booted and spurred, leading his victorious legions through Gaul, was a totally different man from the Cæsar who earned the contempt of Brutus by his puling conduct when he had the fever in Spain.

The recumbent position is one no more favorable to seeing objects correctly with the mental, than the bodily vision. Who that has had occasion to put to paper the ideas that thrust themselves upon the mind during the waking hours of night, has not been disappointed at the show they make when subjected to such a test? This morbid coloring of ideas, thus engendered, may be in part owing to the influence of the silence and darkness of night, though it is enough perceived in the day time to show that it is largely due to mere recumbency of position. Even to the most vigorously constituted, the bed is the habitation of fears and apprehensions, which vanish when the subject of them faces the world in the attitude of encounter.

The terms applied by different individuals to the same degree of personal suffering vary to the widest extremes; and the physician should be carefully on his guard against those whose minds conceive such a state only in the superlative degree. With some, a pain is always "terrible;" "beyond all endurance;" or, it is "torturing," "racking," "excruciating," as if the inventions of martyrdom could only supply fitting terms for its expression, while another, in defining the same amount of suffering, uses only the proper positive. The difficulty in correct diagnosis, is increased where the individual makes his act, while under observation, correspond with his language. He turns himself in bed with a groan, starts at the examining touch, catches his breath at each inspiration, distorts his countenance, or walks with his hand pressed carefully to his side.

Perhaps a more frequent form of this deception is in regard

to the exercise of some physical function. Some habitually attempt to deceive in regard to the excretions, their frequency and amount, using, sometimes, the most loathsome devices to conceal the real fact. More frequently it is in regard to the amount of nutriment taken. Misrepresentations in regard to the latter fact, are frequent, beyond the idea even of the most suspicious. Multitudes of weak-minded persons seem to regard abstinence from food as something meritorious, and deceive, with regard to it, for the sake of winning the sympathy of others. The same morbid disposition will often lead patients to falsify with regard to the operation of medicines. This is true, particularly of cathartics, and the prescriber is frequently led to increase the dose, even to an injurious amount.

Great skill is required to separate the fictitious from those real suspensions of physical functions with which mental disease is so frequently connected. The suspension of physical pain, for instance, which occurs in many cases of mental disease, is so great as to mask and conceal bodily injuries of an extreme character. The nerves of sensation seem actually paralyzed. For many years the apparent fact seemed remarkable that very few insane persons died of phthisis pulmonalis. The disuse of autopsies in insane hospitals allowed that error long currency, till it was shown such by the investigations of a gentleman* connected with an institution where that practice was maintained. From his investigations it is shown that pulmonary disease exists quite as much among the insane as among others—the cough, pains in the chest, &c., being absent merely through a blunted condition of the nerves of sensation. For the same reason, fractures and other serious injuries received by insane persons, often escape detection till some time after they are received into institutions for the treatment of mental disease.

The history of cases of insanity presented for treatment often reminds us how frequently the disease has commenced with some delusion upon the subject of health; and the time

*Dr. Joseph Workman, Toronto, Canada.

spent in the treatment of a disease wholly imaginary, and the number of practitioners who will be successively deceived by the same case, is matter of continual surprise. The forms which such imaginary diseases assume are truly Protean, and practitioners are much to blame for their readiness to give a name for the thousand shifting and transient sensations to which all persons of ill-regulated sensibilities are more or less subject.

The unthinking practitioner who gives a name to an array of sensations which may be detailed to him, merely for the sake of being rid of a troublesome consultant, and without having some grounds for such a diagnosis through a satisfying examination, often does an injury which no time can remedy. As an opinion in favor of a delusion will have more weight than many against it, he who, by a professional opinion, gives a local habitation and a name to what was before an airy nothing of the imagination, does a fellow-being a lasting, and may be, fatal injury.

An individual whose vagaries of sensation have thus become magnified into a disease, becomes one of the most miserable of all the mild class of lunatics, as much from the new name which his fancied disease is perpetually getting, or the new disease which each successive prescriber adds to the already appalling host, as from his actual sufferings. His disease is dyspepsia, heart-disease, liver complaint, or marasmus, as the case may be, and thus the poor victim finds himself running down a page of nosological horrors, the tendency of which is by no means to lessen the speed by which he is hastening to the inevitable conclusion. For years he will be passing from one physician to another, till his faith in the faculty is exhausted; then through the various forms and grades of empiricism, till every function of his body is completely vitiated by such an unnatural experience. On reaching the lunatic asylum, which is the usual goal of such a course, we find, in the verdict of the jury which commits him, the same stereotyped cause standing forth, like the skull and cross-bones of old time tomb-stones, to wit: "ill health."

Young and middle-aged men are probably most frequently

the subjects of this mental disease, and no examination is complete which does not include a careful scrutiny as to the existence of vicious habits of a solitary nature, when such cases present themselves. And here let me caution as to the general unreliability of all statements which such subjects may make as it regards this conclusive fact. No exterior of respectability, no professions of better things, no previous character for veracity and candor seem proof against the spirit of mendacity which this detestable practice appears to create. It is only when the individual becomes thoroughly alarmed that the truth comes out of him.

Somewhat nearly allied to the last, though less frequently resulting in positive insanity, is that perpetually existing and utterly incurable malady, chiefly occurring among females, and affording to such practitioners as give it their encouragement, no small amount of their employment. It is a sort of medico-mania, an unquenchable desire to make of themselves a constant thoroughfare for drugs. Some real illness may have at first, called the habit into existence, though it requires to bring the case to perfection, a constitutional predisposition to it. It is so frequently found prevalent in particular families as to support the idea that, like graver mental maladies, it is a matter of inheritance. With such persons the medical idea seems to fill the mind. The chronicles of neighboring sickness, past and present, and the sayings and doings of some favorite practitioner, are the principal topics of their conversation, with as full a narration of their own diseases added as the time and stomach of any listener can be found to bear. To get up about themselves the atmosphere of the sick room seems to be their highest delight, and the pleasurable eras in their lives are when they have set on foot the liveliest anxieties, and produced the widest outflow of physic and sympathy. Their imbibition of medicine really never ceases, and, as the articles which they most affect are of the class of diffusible stimulants, they at last become as necessary as the dram of the inebriate. Their diseases are as far from any nosological distinction as those of the last named class. They are really

in a great degree imaginary, and differ little from other mental infirmities.

In the class alluded to before the last, should also have been included cases that for a long time deceive, which show themselves by a disposition to go to bed, with little actual complaint of illness, and become fixed in the habit sometimes for long periods. Perhaps it is more frequently, an adhesion to the bed after some actual disease has run its course. This form may appear in males or females alike; perhaps more frequently in the latter, and, when found in the former, generally, I apprehend, connected with indulgence in secret vice. So averse is the individual sometimes to being seen, that physicians, and even near neighbors, are unaware perhaps for years, as I have known, that the missing person is not away from home. That this is a distinct form of insanity is proven by its occurrence in families, other members of which have shown insanity in other forms, and also by its frequently being found as the introduction to more manifest insanity.

The extent to which such persons will sometimes impose their imaginings upon others as realities, is one of the curiosities of human experience. The patient martyrdom of the sympathizing mother, regarding it as her pious duty to forego every earthly pleasure in order to confine herself to the bedside of a daughter thus afflicted, whose condition constantly becomes more deplorable by witnessing this very self-devotion on the part of the parent, is a truly affecting instance of a double delusion, in which it is difficult to say which case is the more pitiable.

We leave out of consideration the whole class of *quasi* mental disorders that show themselves in connection with hysteria, though they might form an interesting chapter in this paper, and pass to notice another peculiar malady of the mind that occurs as a sequel to the puerperal state.

Well marked puerperal insanity is a disease peculiarly rife in this section of the country, to judge from an experience enabling a comparison with widely different localities. By far the most frequent of all the forms of this disease, is the

chronic and hardly recognized one, which is found treated by no author, the distinguishing feature of which is a change in the disposition of the person affected, especially in whatever concerns the social relations, the domestic affections, and the moral tendencies. In the lighter form of this disease, those who observe it are perplexed at the phenomena which it presents. A lady, affected by this form of disease, is found to have suffered a remarkable change, dating from some previous confinement. Traits of character appear, hitherto unknown by those most in her intimacy. She becomes irritable, subject to causeless fits of passion, and jealous of, and estranged from those in whom she had before invested fullest confidence. Sometimes she is merely changed in temperament, and is moody, solitary, and reserved. These symptoms have their aggravation whenever the functions of the uterine system are in action, till a regular monthly fit of spleen, or something worse, becomes habitual. With neighbors and casual visitors, no change is visible, the power of self-control remaining till long after the disease is fully established, and often no interruption of domestic tranquillity is suspected till a sudden disruption takes place.

More rarely, this form of disease is exhibited in a change of disposition as it regards moral acts. Manifestations of dishonesty, disregard of truth, or moral impurity, stand in strange contrast with all the individual's antecedents. It is among the thousand forms of this peculiar disease that those cases appear which afford the most plausible instances of what has unfortunately been styled *moral insanity*.

And here, somewhat out of its natural order in this paper, a few observations may be proper upon the much vexed question, whether there be such a diseased condition of the human economy as fitly to be styled a moral insanity. It is not merely a speculative question, as those well understand who are much conversant with courts of justice.

In treating the associated insane, one is at once struck with the vast proportion of their aberrations which bear the aspect of mere moral perversity. A disposition wantonly inclined to create the greatest amount of trouble possible to others, an

apparent delight in contemplating the mischief and destruction which their own hands have wrought, a seeming absence of even a vestige of the sentiments of gratitude, affection, or of the instinct of love as found even in the lower orders of animals; in short, a general hardness of the whole moral nature, seems much more to distinguish a great number of cases than any disturbance in the power of memory, perception, or judgment, or of that class of faculties, which, in their entire state, constitute what is termed reason. Indeed, in very many instances, where these latter components of an entire mind have been restored, this seemingly diseased state of the moral sentiments will remain, as if it constituted the very foundation of the abnormal phenomena of the case. I suspect, moreover, that the efficiency of the treatment obtained in an institution expressly for the insane, is much more shown in the removal of what may be styled the intellectual aberrations, than of the moral perversities of which we make mention. The constant observation of these facts has probably led some observers to conceive that a state might exist, deserving the name of an insanity, in which the mental operations, strictly considered, remained wholly unimpaired. The admission of such a state of facts is a matter of great magnitude. There could be no limit set to its conclusions short of an embrace of a large share of what we consider the catalogue of crime. Already some pretenders to psychological science have thrown reproach upon the entire plea of insanity in criminal cases, by substituting the captivating name of moral insanity for what is nothing else but sheer villany. No instance has fallen under my observation where any man of professional standing as a psychopathist has maintained this doctrine in any court of justice—the only place where it assumes high practical importance. Yet, to apply the term “moral” to insanity in the general, or to any of its forms, is virtually conceding a great deal too much, unless we are willing to concede a great deal more. As a mere philological matter, the word “moral” may be applied to insanity as well as the word “mental;” it is the question whether the application had better not be made, where it is required, by the religious

teacher, in whose province it lies. But *our* insanity—the insanity of the psychopathist and the physician, the insanity as treated by the great authors on the subject, and for whose cure insane asylums are founded—has a meaning which is in part revolutionized when the adjective “moral” is made its prefix.

It is an undecided question whether what are called the moral characteristics, have some distinct existence, and can be separately considered and treated of, or whether they are the fruit, so to speak, of certain mental processes. Nothing would be gained by an attempt to argue a point of such nicety, and where so little of a conclusion could ever be reached, and the better way will be to inquire whether a case answering our idea of the disease is ever seen. We cannot call anything moral insanity except an impulse to do wrong or criminal acts, so uncontrollable by the processes of reason—themselves being unimpaired—as to amount to a disease. Any appreciable disturbance of mental integrity of course puts the case in another category.

To show how rare such a condition must be, I have carefully reviewed about twenty-four hundred cases of insanity treated, and am unable to recall a single case possessing even the general features of the ideal which the mind conceives as the disease in question. Dr. Workman, the Superintendent of the Provincial Lunatic Asylum, Toronto, C. W., cites a case in the April number of the *AMERICAN JOURNAL OF INSANITY*, as being the first case of the kind found in two thousand cases treated. It is evident, in the narration of this case, that the author of the article describing it, has some misgivings as to its nature; and a careful reading of its description will lead many others to the belief that Solomon's remedy for moral obliquities, would have been in this case the suitable one. Now here we have one case cited in an aggregate of forty-four hundred, and that a doubtful one. Is that a percentage worth basing a nosological distinction upon?

When we examine those cases which are cited by authors who treat of this disease, the conviction is forced upon us that in many, if not most of them, there is real intellectual

disturbance, though masked by the stronger manifestation of moral perversity ; and that these writers have fallen into the common and very natural error of making some isolated though very impressive case, stand as the representative of an imagined class.

It has always seemed as if all that is included in the idea of moral insanity, might be better disposed of by a closer reference to some phenomena of insanity which are of every day experience, than by recognizing a distinct disease, the support of which involves so much of perplexity.

Every one realizes how few of the delusions of the insane mind are ever revealed, and how readily they are revealed under one set of circumstances and concealed under others. All insane asylums abound in cases of unquestionable mental disease, where its palpable manifestations are so obscure that the unskilled observer would doubt its existence. A certain suspicious reserve, a mysterious shyness of manner, some haughtiness of bearing, or something marked and singular in tone of voice and manner of utterance, some strange attachment to some particular position or seat, or special stress applied to the doing of some act, may be all that distinguishes the individual from other men. Yet one guided by experience, has no hesitation in declaring such cases to be instances of a latent delusion, and is prepared for the sudden exhibition of extreme or violent acts, of which any of these almost unobserved antecedent peculiarities furnishes the explanatory key. In such cases the extent of the disease is not at all measured by what appears on the surface, and those who treat the insane are constantly surprised by the revelations of recovered patients as to the multitude and singularity of the delusions which possessed them while in a state which seemed, for all discoverable sign, so little removed from full enjoyment of reason. The delusion may be, indeed, completely latent, having no outward manifestation whatever, and yet may give rise to all those singular, inexplicable, and perhaps criminal acts, which a failure to explain by any accompanying indications of delusion has styled moral insanity. It is very easy to conceive a case possessing the declared attributes of the disease

called in question ; but before admitting the fact, the possibility of a latent delusion underlying its characteristic perversities of conduct, should be well considered.

It may be said in reply to this view of the subject, that it assigns to delusion too indispensable a place in all cases of insanity, whereas it is well known that in a vast multitude of cases it has no demonstrable presence. This does not necessarily follow. Delusion among the insane may be supposed to bear about the same relative part in their unnatural acts that a well-defined motive does in the acts of those who reason correctly. Persons possessed of reason perform the larger portion of their acts from no well-considered motive of which they are conscious. Acts are done from an impulse which is, after all, the result of some former reasoning process. So the phenomena of moral insanity, so called, may follow some former diseased process of thought of which the individual himself has no consciousness, and which, of course, no skill of another could detect.

Another explanation of the phenomena termed moral insanity should not be lost sight of. We are apt to forget the vast conservative power of reason in saving man from the depraved appetites and instincts common to him with the brute creation. Swift has well shown the humiliation of our species when man's reason was given to the brute and himself left without it. We all remember, in the entertaining narrative of Captain Gulliver, what a sorry brute man becomes when thus transformed. A human being, born without reason, or possessing it only to a low degree, becomes an instance such as we often see, illustrating this point. The instincts of the idiot are low, and are prevented from becoming depraved only by the amount of reason which he has. The small degree of reason that he possesses may educate the faculties of fear, of censure and punishment, and love of approbation, and may cause him to imitate his superiors by a propriety of conduct that may set him above criminal acts. The same power exerted over the moral propensities by the processes of pure reasoning, is also shown in the cases of children. Childhood, notwithstanding the praises bestowed on it as the unsullied

spring-time of existence, does not compare with mature age in the rightfulness of its acts. The burglary and murder of birds-nesting peculiarly gratifies the juvenile heart, and how often must the ghost of the family cat, done to death by truant hands, haunt the little murderer's pillow. Whoever has looked, too, upon a quarrel in petticoats, waged for a bit of cake, sees a ferocity as great almost, as the death-struggle of mortal foes. Yet what but the power of pure reason, working through years, changes these robbers, murderers, falsifiers and belligerents into discriminating judges, and revered dispensers of the gospel of mercy and peace? And how easily and naturally will an inclination to those same acts return when that essence which has rescued from them is withdrawn.

Hence the position taken, that moral insanity, if by that term is meant a disease of the affective faculties, in which the intellect has no share, has no proved existence; and that what has received that appellation is nothing more than either the result of a latent, undetected delusion, whose *modus operandi* we are unable to demonstrate, or the passive effect of a weakened influence of the reasoning powers over man's baser instincts.

A review of minor mental maladies would be incomplete without mention of that form of well-known mental disease which will be more quickly recognized from some of its leading features than by any name that could possibly apply to it. It seems to consist in a love for the extreme, the eccentric, and the general opposite to the received opinions, practices and fashions of the rest of mankind. One would believe this class to be much more numerous than it really is, from the facility with which a single individual, having played himself out in one character, turns up in another. To him all the world is literally a stage, which he crosses every time the last new, strange idea, finds a lodgment in his quickly receptive, but perfectly non-retentive brain. In religion, he follows a side track, with none but his kindred motley associates, no two of whom agree, except in the common opposition to everything established by the concurrence of the rest of mankind. In politics, he is so far advanced from every body else that he

is rarely overtaken, and should he be, he disappears entirely, his occupation being gone the moment he finds the world at the same goal with himself. This class possesses affinities of its own; it has its own special literature—a something, part medical, part religious, and part politico-economical—and if not actually a species of insanity, it is the best recruiting ground for the insane asylum.

A solitary life is not only the surest preparation for mental disease of the most unpromising kind, but where it exists from confirmed choice may, of itself be regarded as a species of insanity. No one is safe from the visitation of mental disease who allows one of the natural connections which hold him in his place as a social being, to be broken. Decidedly the most powerful conservator of reason in the individual, is that constant exercise of the moral and mental faculties which a close relation to society creates. Those whose habits or associations hold society at arm's length, must always be considered in peril. Happy is the man, in this point of view, whose daily bread comes from the hands of those with whom he daily associates. A true record would show that a large part of the eccentricities, irritabilities and consequent calamities of authors, arise less from the close kindred of wit and madness than from the unlucky ability to draw fame and fortune from a distance.

If I were required to produce a lunatic to order, I would take, as the raw material, the college student in his bachelor hall, provided with his needle-book, spools, and the inevitable bag of buttons. Buttons, I grant, are good, but if they are simply holding together the lapels of coats, and are having no part in the social commerce between awkward dependence and quick and tender sympathy, they are as naught. Having thus established a social non-conductor, if I then could introduce into my subject some strange element of religious belief, some crotchet of unheard-of philosophy, or, even some *outré* taste in matters of every-day life, I could safely lay my work up to dry, fully confident that time would do the rest.

A recognition of these various forms of mental disease is of especial importance in their relation to medical jurisprudence.

This department of medical science is shorn of much of its value in shaping the administration of justice, by overlooking the importance of these minor mental maladies in multiplying infractions of the law. The physician is always ready enough to throw the influence of his opinion into the scale where great crimes have attending circumstances, out of which science can show proof of irresponsibility from mental disease ; but he is not so often willing to ask himself the question, in lesser offences, how much of mitigation there may be in some incipient mental malady which none suspect, and which it is no one's business to think of but his. To my own certain knowledge, the courts of this State are continually sending palpable insane men to its penitentiary, from which only their lack of profit as workers releases them. We cannot say that medical science has fully vindicated itself, till this blemish on our civilization is wiped away.

It was the remark of one, not more distinguished for his large acquaintance with the insane than for his eminence in other respects, that "an insane asylum is the best of all standing proofs of the doctrine of special providences." This remark implies a wonder at the small number of casualties that attend the association of many individuals, so large a proportion of whom are moved by the most dangerous promptings ; and among the surprises before alluded to, on hearing from convalescent patients of the strange hallucinations that have attended their disease, not the least is that they so unfrequently carry the delusions which possess them, into violent acts ; and so far from being jealous of the introduction of the plea of insanity in criminal cases, our surprise is that it does not oftener occur.

It is one of the duties of medical men to keep themselves in some degree acquainted with their local court calendar of criminal trials, and be vigilant lest the heavy wheel of justice tread into the mire some broken but blameless spirit, whom no friendly hand is outstretched to save.

He who "spake as never man spake," uttered, as the most solemn of all his reproaches, "I was sick and in prison, and

ye visited me not." As the insane are sick in a double sense, how deep the obligation becomes to every conscientious mind.

At this time it is the fashion to decry the medical expert who lifts up his voice from the witness-stand, to temper the stroke of justice as it descends on the head which God, in his mysterious wisdom, has already smitten. But sneering will no more blow away an eternal fact, established in a disease, than railing could lift the seal from the Jew's bond. The plea of insanity has found its firm stand at the criminal bar, and will continue to reappear through all time; and the clear voice of medical science, heard above all the scoffers that time can engender, must be raised as long as it is true to the vocation with which it is called.

DOUBTFUL RECOVERIES.*

BY DR. I. RAY.

In most diseases we are seldom left in any uncertainty respecting the fact of complete recovery. If the rational symptoms leave any doubt on this point, we can often supply their deficiency by the direct evidence of the senses. The ear will reveal to us the slightest trace of disease in the heart and lungs, and the touch may enlighten us sufficiently respecting abscesses, morbid growths, and displacements. In mental diseases, however, the senses afford us no help whatever. No friendly tube, no arts of manipulation, will acquaint us with the organic movements going on beneath that bony dome. Whether the disappearance of all or most of the rational symptoms indicates the restoration of the cerebral organism to its normal condition, or only their temporary cessation, in accordance with a certain law of periodicity, is a question which we must often hesitate to answer, and we are thus left in a state of embarrassing uncertainty as to a point of the greatest practical importance. It is laid upon us to decide whether our patient is able to resume his place in the world, or requires

*Read before the American Association of Superintendents of American Institutions for the Insane, May 19, 1863.

weeks, if not months more, of hospital treatment and discipline.

If any one among us can say that he has never discharged a patient with all possible confidence in the completeness of the recovery, and admitted him again within a few weeks afterwards, in an active stage of disease, he certainly has achieved a degree of success to which I can lay no claim. I admit the necessity of an ample period for the stage of convalescence, and am aware that the views of others on this point often prevail over our own. I admit that the impatience and self-sufficiency of friends generally render it too short, and procure the discharge of the patient when our own unbiassed judgment would dictate a longer stay. My proposition is that in cases where *we* can no longer discover sure indications of disease, and where we are allowed to retain the patient as long as we please, without let or hindrance from others, discharge is occasionally followed by speedy relapse. Without exaggeration it may be said, that in our specialty, though the cure of the patient may be a veritable triumph of skill, yet to know precisely *when* he is cured, may signify the far greater triumph of that keen insight which looks beneath the surface and discerns conditions utterly hidden from the common gaze. Under the guidance of books, or by a stated routine, we often succeed in effecting a cure. The course is plainly marked out, and it must be our own fault if we do not follow it. Here, however, we can obtain but little assistance from books. We must depend solely on our own resources, and if these consist only of a little knowledge of routine, we shall seldom avoid mistake, except by accident. If, on the other hand, they consist in a knowledge of the mental phenomena in a healthy state, in a close and extensive observation of the phenomena of insanity, and especially in a kind of sagacity or tact which enables us readily to apply this knowledge to the case in hand, we shall arrive at the right conclusion, where others, less abundantly qualified in these respects, would probably err.

In the first place, to appreciate rightly the indications of recovery, one must be more or less acquainted with the healthy mind. A man who should undertake to make an autopsy,

without the least familiarity with the healthy aspect of the various organs, could claim as little respect for his conclusions as one who should decide a question of recovery from mental disease, with only the most superficial knowledge of the traits of character and operations of the intellect exhibited by the normal mind. How could it be otherwise? We regard it as a settled principle that the essential condition of insanity is a departure from the natural character, without any adequate external cause, and that in deciding the question of insanity in any given case, the person must be compared, not with any conventional standard of sanity, but solely with himself. Of course, it cannot be supposed that we should be acquainted with the mental character of every patient under our charge. In regard to the most of them, in fact, we are but imperfectly acquainted with the history of their disease, to say nothing of those moral and intellectual qualities which distinguished them in health. In order to accomplish our object, we must chiefly depend upon our knowledge of mental phenomena in the abstract or the concrete—as analyzed by the metaphysician, or exhibited in the living, thinking man. The secret of Shakspeare's unrivalled success in the delineation of insanity, laid, not in an extensive observation of the disease, for he, probably, had seen very little of it, but in a profound knowledge of the springs of action, and an exquisite discernment of the countless varieties and combinations of human character. He recognized the pregnant truth that disease, whether of body or mind, is governed by laws as inflexible as those of health, and that there is an invariable relation between them, whereby, within certain limits, we are enabled to infer with no less certainty, than to observe. One of these laws, as it regards mental disease, is, that the normal movements of the mind are not entirely lost in the abnormal, but impart to them their peculiar type and mode of expression. Thus, Lady Macbeth, while wandering in her sleep and reviewing the scenes of that terrible night, is but the reflex image of Lady Macbeth before the vision of regal state lured her to destruction. And so skilfully is this same fact managed in Hamlet, that the world is yet in doubt whether the poet intended to exhibit an

actual case of insanity passing through its various stages, or merely an irresolute, speculating youth, breaking out occasionally into a simulated paroxysm of phrensy. This faculty, which led to such wonderful results in Shakspeare, must be possessed and exercised, more or less, by every successful psychologist.

Among the most common and prominent traits of insanity, there are many exhibited by persons who pass for sane, and are so for all practical purposes. Who has not witnessed, in the latter class, explosions of wrath, as sudden, as unprovoked, as furious, as unreasonable, as any that are exhibited by the insane? Who has not observed in persons who pass for sane, fancies scarcely to be distinguished from delusions? How many men and women there are in the world, of unquestioned sanity, who sincerely believe, for instance, that among those with whom they habitually deal, are persons systematically bent on thwarting their purposes, traducing their character, and marring their peace. Some of them in fact, all their lives, manifest traits of character which, in a hospital, would be regarded as the offspring of disease. The list might be considerably lengthened, but these sufficiently illustrate the proposition, that nothing less than the most thorough knowledge of the normal mind will always or generally, enable the psychologist to distinguish the manifestations of disease from those of health.

The aspects of insanity are innumerable and ever new. The longest life and the most diligent observation cannot exhaust their infinite variety. The ordinary observer recognizes no other insanity than that which is characterized by noise and incoherence, and for the same reason the professed psychologist, with a very limited experience, will be ever liable, in a corresponding degree, to mistake the manifestations of disease for those of unquestionable health, especially if they are of a negative character. It is not an unfrequent event in the practice of any of us, I apprehend, to see a patient exhibiting no positive trace of disease for weeks or months together, while we are strongly convinced, all the time, that he is not in his normal condition. Now our conclusion in such a case

is determined, not so much by any special indications it may present, as by those general impressions which long familiarity with the disease has left upon our mind. The results of these different degrees of qualification may be seen in another shape. A beginner in our specialty hails every improvement as the commencement of convalescence, and is apt to regard the appearance of a few healthy traits of character as the unquestionable presage of recovery. It is not until a later period that he becomes acquainted with that peculiar oscillation which marks the movements of mental disease, and fully comprehends the fact that serious disorder may exist in connection with many sound, healthy manifestations of character. Lawyers, judges, men of the world, may be allowed to ignore this fact altogether, and plume themselves on their superior sagacity, but no one in our department of the healing art can do it without making shipwreck of any reputation he may happen to have gained. I do not mean to convey the idea that the kind of professional sagacity here referred to will be exactly proportioned to the number of cases one has seen. It is not the number of cases observed, but the thoroughness with which they are studied, that imparts it. To a man who has not the power to receive and inwardly digest what the eye sees and the ear hears, a multitude of cases afford but little light, for they leave upon his mind only a vague and obscure impression. For years he may traverse the galleries of a hospital day after day, and learn little or nothing. He may learn that most coveted of all secrets, the art of quieting excitement; he may outstrip his neighbors in all those little appliances which arrest the popular attention, but the nicer shades of distinction between the healthy and the disordered mind, the deep under-currents of thought and feeling which determine the movements of the unsound mind, ever remain as remote from his apprehension as the poles are asunder.

We must also bear in mind that no amount of observation or study will always lead us to true conclusions, without the aid of that faculty of the mind which enables us to apply our knowledge to a case differing from all other particular cases within our experience; in other words, to eliminate the essen-

tial conditions of the case from the accidental circumstances which accompany them. To some men the case in hand conveys no idea apart from its special facts. Their knowledge consists exclusively in particular cases, ticketed, labelled, and filed away in their memory. When the occasion requires some power of nice discernment—of deducing the unknown from the known by the intuitive perception of some necessary relation between them—they can only fall back on their insulated recollections. I need not enlarge on the qualifications for the correct performance of the duty in question, because my present purpose will be answered by indicating them in this general manner. We may now consider some of those incidents and conditions which are of great significance in regard to the question of recovery.

It is a rule sanctioned by the highest authorities, that a patient cannot be considered as recovered who does not fully and willingly recognize the fact that he has been insane. As a general rule, it is undoubtedly correct, but it must be borne in mind that the exceptions are numerous and not insignificant. In every case of complete recovery—that in which no vestige of disease remains—unquestionably the patient recognizes the existence of his disorder, but he may not openly admit it. This depends on his mental constitution. Men who have always entertained a high opinion of their intellectual superiority, in connection with a proud and haughty spirit, are naturally unwilling to admit so humbling a fact as that of their own insanity. They may have been nervous, they may have been excited, they may have talked fast and loud, they may have acted impetuously, or even imprudently, but they knew perfectly well what they were about, and a few days of quiet and seclusion would have effectually calmed their perturbed spirits. Such is *their* explanation of occurrences which cannot be denied, in which, to be sure, they are as wise as the creature that hides his head in the ground and then thinks that he cannot be seen. This kind of attempted self-deception is most common in cases characterized by high excitement and extravagant discourse, rather than by delusions or incoherence or violence. Delu-

sions that were openly proclaimed are not so plausibly explained, but they are represented as only idle, fugitive fancies, of little consequence, that soon passed away. If the patient is unprincipled as well as proud, he may resort to subterfuges that are false as well as weak. A man once came under my care while in a paroxysm of high excitement, and for two or three weeks he talked incessantly of having been robbed, the day before he came in, of a lot of jewelry which he had purchased shortly before, on speculation. He finally ceased talking about it, and we heard no more of it, though he never admitted that he had been mistaken. Shortly after his discharge he came to me showing what purported to be a bill of some \$2,000 worth of jewelry sold to him, and part payment received. The date of the bill corresponded with his previous story. I afterwards ascertained that this document was entirely fictitious, procured, for a few dollars, from an itinerant vender of jewelry. For several years this man had had many paroxysms of excitement, alternating with fits of depression, but he had never exhibited delusions, and had not been popularly regarded as insane. This contrivance was a desperate attempt to remove an humiliating imputation on his intellectual integrity.

This reluctance to acknowledge their infirmity is still more common in a class of patients whose normal condition is marked by striking eccentricities and perversities. Many of them, probably, labor under a genuine mistake on this point. Men who are always hovering near the line which separates sanity from insanity, find it difficult to believe that they ever fairly passed over it; and this difficulty may be shared by friends and neighbors who are unaccustomed to a very close discrimination of mental conditions. Their logic is, stated in the usual way, if he were insane at the time referred to, then he was always insane. It may be found frequently, that the incident or event which brought upon them the disabilities of insanity, only implied the exaggeration of some normal quality of mind, and it is not strange, under the circumstances, that they should overlook the distinction that, in

the one case, they lost entirely the power of self-control which they possessed in the other.

It may seem paradoxical to say that a person has recovered who fails to recognize the delusions which possessed his mind, yet there are cases where the patient has passed from a state of agitation, excitement and delusion, into one of calmness, cheerful expectation and apparent rationality, while retaining some flagrant delusion. With this exception, his views are correct and clear, all the mental processes are well conducted, and he performs his part in the world as well perhaps as ever. Such was the case of Greenwood, cited in all the books on the medical jurisprudence of insanity, whose will was the subject of much litigation. While unequivocally insane, he believed, among other things equally false, that his brother who was attending him, had attempted to kill him by poisoning. This delusion he never relinquished, though for some years, he practised his profession as an advocate and seemed to the world to be in the complete possession of his senses.

It is seldom safe to discharge a patient who continues to believe in the reality of any single notion or occurrence which was entirely the offspring of fancy, because this belief indicates morbid action, which, however circumscribed at present, is ever liable to spread and induce farther mental disorder. Indeed the evil is seldom so limited as it seems to a casual observer. A long and close inspection of the mental manifestations reveals, deeply hidden beneath the surface, a broad vein of unsoundness, which a brief trial at large would display to the common gaze. If we could predict that the delusion would always remain insulated from all other mental processes, as in Greenwood's case, then we should hardly be warranted in detaining the patient, but this we never can do, with the slightest degree of confidence, without a long and careful observation.

Very ignorant, uncultivated people often fail to recognize their delusions, as such, solely from inability to distinguish the subjective from the objective in their mental experience. This trait is not uncommon among the lowest class of the Irish,

who will talk of certain imaginary occurrences as if they had really happened, though how, they do not pretend to know. It is enough for them that the impressions thus stamped upon their brain, remain as clear and as vivid as the most recent images of sense.

There is another class of patients, and a very large one too, from whom we fail to obtain a decided recognition of their mental disorder. Their conduct and conversation while deprived of the noblest attribute of their nature, is a matter of so much unpleasant, if not painful recollection, that they shrink from dwelling upon it, and may even endeavor to silence or divert inquiry respecting it, by seeming to deny that there ever existed any serious disorder. I have often hesitated to inquire very minutely respecting certain extravagances of thought or feeling, lest I might hear a total denial of their existence from patients who gave every other indication of recovery. This kind of reticence may be observed, judging from general impressions, in by far the larger part of those who recover. Indeed, a full, free, and earnest recital of the thoughts, emotions and acts produced by the mental disorder, is not, by any means, a very sure indication of genuine recovery.

Another circumstance often bearing very significantly on the question of recovery, is the duration of the disease. Insanity is of much longer duration than most diseases of equal apparent severity. I do not say it is never very transitory, for there are cases enough on record to put this fact beyond a doubt, but with this unfrequent exception, its duration is marked rather by weeks and months, than by hours or days. Apparent recovery within six or eight weeks, should always be followed by a longer probationary stay than one at a later period. As in most nervous disorders, the course of insanity is marked by fluctuations in the severity of its movements, and the improvements thus occurring may often seem like convalescence, if not actual recovery. When occurring at an early period, or very suddenly at any period, or soon after a state of very active disorder, such as high maniacal excitement, they are seldom permanent. Esquirol has made a state-

ment, the correctness of which my own observations have abundantly confirmed, that in most cases of active mania, "a very marked remission, amounting perhaps to a complete disappearance of every trait of disease, occurs within the first month of the attack, and is often followed by a renewal of the disease." My experience would lead me to say that such is the result in by far the greater number of cases. And I would also say that the more complete the remission, the less likely is it to prove an unequivocal recovery. I call to mind a case in which, during the first month, a remission consisting in the most rational exercise of the mind on all subjects, without excitement or depression, was soon succeeded by high maniacal excitement, terminating in death. True, this kind of improvement is of such brief duration that there is little danger of the patient's being discharged on the strength of it, but it may lead to a prognosis that will occasion bitter disappointment and mortification. To inform the friends of a patient that he has become perfectly rational, and will be soon fit to go home, and then shortly afterwards that he has become as bad as ever, and may continue so for some weeks, is just equivalent to setting our hand and seal to a mistake equally calculated to give pain to others, and to damage our own reputation.

As already intimated, these unreliable improvements are not confined to the first month, nor are they peculiar to any particular form of disease, though most common in acute mania. They are not rare even in the course of organic affections of the brain more or less affiliated to general paralysis. During the last year a patient who came in just attacked with what seemed to be simple mania, soon began to convalesce, and for two months or more presented not a trace of mental disorder. His conduct and conversation, his ways, habits, manners, opinions and feelings, were as free from exception as in his best estate. Having kept him as long as I pleased, he went home and immediately resumed his customary employment. Three weeks afterwards he came back highly excited, with his mind full of gross delusions, and considerably demented. Thenceforth he passed through the ordinary phases of

organic cerebral affection. In another case where the indications of organic disease were so strong from the beginning that I gave the friends the most discouraging prognosis, the signs of recovery became so satisfactory at last, that I began to doubt the correctness of my diagnosis. At any rate, they were so satisfactory to the friends that they removed him, and he recommenced business. In the course of a few weeks, he broke down again, and the result fully justified the original prognosis. A less degree of improvement in this form of disease is still more common, and often leads to the removal of the patient from the hospital, in the delusive hope that a change of scene will complete the apparent convalescence.

I take the opportunity to remark, in passing, that if these views are correct, we are forced to believe that too many are discharged from our hospitals as recovered, within three months of their admission. While admitting that recovery may not unfrequently be completed in that period, I apprehend that this large class of cases which, in our hospital reports, are placed in the front rank of successful results, must embrace many that relapse so soon after their discharge as to render it quite certain that their recovery was never complete. It may have been only the remission so common in the early stages of the disease, to be certainly followed by a renewal of the disorder. It may be that condition of mind simulating recovery, in which one essential quality of the nervous organism is wanting. No trace of disease can be discerned in the conduct or conversation, and the sentiments and emotions evince no perversion nor obtuseness, but the patients have no power of endurance. In the hospital where most of their movements are a matter of routine, exempt from care and responsibility, they pass along month after month, without let or hindrance, but the moment they begin to act for themselves, to assume responsibility and encounter trials, the latent irritability is revived, and proceeds, more or less rapidly, to utter loss of self-control. It would be a great mistake to suppose that this condition is confined to those who have had frequent attacks, and whose nervous elasticity may be supposed to have been impaired thereby. It is often met with in

recent cases, and should always be considered in determining the question of recovery.

Some of these early discharges are attributable, no doubt, to the impatience of friends, which is allowed to overbear the better judgment of the physician; but I presume that, for the most part, the discharge has had his hearty approval. It becomes, therefore, a question worthy of our most serious consideration, whether this practice does not multiply the risks of relapse, and even when not followed by actual relapse, lay the foundation of a morbid irritability which, sooner or later, is converted into overt disease. There is much reason to believe that the frequency of secondary attacks, greater in this country, I apprehend, than in any other, may be attributed, in a great degree, to the shortness of the probationary period which prevails among us. If this is so, the eclat of a rapid cure is but a poor compensation for the risk incurred by the patient.

Time, of course, will settle every doubtful case, but this means of deciding the question is not allowed us, and we are obliged to come to a conclusion on the strength of the present circumstances. In other words, we are obliged to decide without delay, whether the apparent recovery before us is genuine or spurious. In most of these cases there may be found some trait, incident or condition, of great significance on this question, that requires the most careful consideration. Among the most prominent, is a certain impatience, restlessness, and constant dwelling upon the one idea of going home. It is always a suspicious circumstance, and always a sufficient warrant for delay. Some manifestations of the feeling in persons who have long been separated from their homes, and are looking forward to the day which shall witness a renewal of their happiest relations, would not be strange. But this very natural trait can generally be distinguished from the kind of restlessness in question, upon a broad consideration of all the incidents connected with this point. A person fully restored, having in mind the sufferings he has experienced, and the liability to relapse, might be supposed to feel a distrust of his

power to maintain his place under the trials of life, to shrink from making the attempt, and resort to any excuse for delay. Occasionally such is the fact, but in most cases a very different feeling prevails. Most patients have little apprehension of another attack, even though they may already have suffered many. They seem to labor under a curious obtuseness, which incapacitates them from appreciating considerations of the greatest moment in respect to their future health; and the plainest suggestions of reason fall powerless on their ears. Rejoicing in the buoyant sensations of returning health and vigor, they see no danger and cannot be convinced that it really exists. They use but one argument—a sort of *argumentum ad hominem*—and they care for no other. I never was better in my life, they say, and why should I stay here. Still, it will be found that their self-confidence, however unsuitable, is quite natural, and is controlled, for the most part, by a regard to proprieties and conveniences. The morbid restlessness in question is far more constant, and out of all proportion to the occasions which are alleged in justification of it. It is beyond the reach of argument and all the arts of persuasion. The most patient and elaborate exposition of the reasons for farther detention is followed the next day, by a renewal of the same restlessness and the same importunities. This trait is always accompanied, I think, by some acerbity of feeling. We are charged with acting from unworthy motives, and are triumphantly challenged, to show a single word or act of theirs indicative of mental disease. After fully recovering, these patients admit that their restlessness was unreasonable and uncontrollable, and wonder that they should have been so completely under its dominion. Such patients, when discharged, often do well at last; but it is just as true, that in a large proportion of them the morbid condition which gives rise to the feeling, continues after discharge, and finally reappears in all its original severity. I recollect the case of a ship-master who was attacked with acute mania in consequence of suffering and exposure in an open boat after shipwreck. After some five or six weeks, every positive symptom of mental disease had disappeared, and his conduct and con-

versation became perfectly correct, except that he was incessantly complaining about being kept while he was never better in his life. His wife yielded to his entreaties for release, and about a month afterwards she wrote to me that he was doing very well, and she only regretted that she had not removed him before. I was not long obliged, however, to suppose that she understood the case better than I did, for the very next week he came back quite demented, and shortly after died. But with all our penetration, we shall sometimes find it impossible to decide with much confidence as to the real significance of this symptom; and, speaking for myself alone, the best matured conclusion may prove to be a mistake. It may seem no more than a pardonable degree of impatience under the circumstances, or only a trait of character natural to the individual in his best estate, when in fact, as the event proves, it indicates a lingering spark of disease which the unrestricted liberty of home will fan into a devouring flame. On the other hand, it may look very like a manifestation of disease, though the subsequent event leads us to believe that it was only the way of the patient under any circumstances of trial. Still the symptom is too important to be overlooked, and the greater our liability to mistake, the more carefully should it be considered in every possible aspect.

Excitement, or depression, occurring in connection with apparent convalescence, is always a suspicious circumstance. A little depression is quite common in this stage of the disease, and only indicates the natural reaction which might be supposed to succeed a period of more or less excitement. Indeed, Dr. Bell (L. V.,) has stated that it may be detected in some degree in, nearly, if not quite, every case of recovery from acute mania attended with much excitement. But if the depression is very marked, and especially if it is accompanied by any degree of mental distress or anxiety, it is an indication of actual disease, and warrants us in a longer detention of the patient. It may be followed directly by recovery, but full as likely by excitement; and fortunate it is for the patient, if these alternations of excitement and depression do not become permanent. We have no means of predicting, with

any certainty, the next phasis after depression occurring under the circumstances here indicated. If it succeed excitement very suddenly, it is more indicative of farther trouble than when it occurs more gradually. When it is preceded for some time by a very satisfactory state of mind—apparently that of genuine convalescence—it must always greatly embarrass our prognosis. Happily, this conjunction is not common. I recollect a case of puerperal mania which, in the course of about eight months, passed through the various stages of raving, calmness, returning reason, convalescence, and apparently completed recovery. The day was fixed for her discharge, and the usual preparations were begun. For five or six days previous to the appointed time, she became taciturn, her countenance assumed a sad expression, and she manifested no eagerness to leave. Under the circumstances, however, it was thought better for her to go. On reaching home, she took to her bed, bewailing her own inefficiency and taking no part in the management of her domestic affairs. After three or four months spent in this manner, she began to recover, and has had no subsequent attack, though she has borne several children.

In another case, a young unmarried woman, the several stages of acute mania were passed through in the course of a year. Convalescence began towards the end of the eighth month, and in the course of three or four months it became so firmly established that farther stay seemed unnecessary, and a day was fixed on for her removal. Just then she evinced some depression, and within a few days committed suicide.

Excitement under similar circumstances, is not so common, but it is equally suspicious. While it exists as an immediate sequel of convalescence, I should hesitate to discharge the patient. In the seclusion of a hospital, it may speedily pass away, while under exposure to trying circumstances, it would, for the most part, steadily increase until it culminated, perhaps, in a fresh paroxysm of mania. The true character of those early remissions already described, may be revealed by

a degree of exaltation, which, though very different from the maniacal excitement which it may have succeeded, is no part of the patient's normal disposition. While we have no means of knowing precisely what that is, we may, very naturally, be somewhat embarrassed; but bearing in mind the fact that real recovery is generally accompanied by a staid and quiet demeanor, we should always regard with distrust a very different kind of deportment. It is not a very uncommon thing for a patient, after four or five weeks of raving, to rather suddenly "come to himself," to use the old Anglo-Saxon phrase. He is quiet, his delusions have gone, he conducts with propriety, and resumes his ordinary tastes and habits, but the tones of his voice are loud and sharp, his movements are brusque and hurried, and his discourse is boastful. If we are not on our guard in this stage of the case, we may encourage hopes of speedy restoration that will, in all probability, not be fulfilled. No matter how clear and acute the mind may appear, no matter how free from palpable marks of disease, if the patient is disposed to talk fast and loud, to whistle and sing, and to be incessantly on the *qui vive*, we may be pretty sure of a relapse. A case like this, under charge during the past year, was followed by seven months of high maniacal excitement and agitation, before complete recovery was effected. Friends of patients are often disposed to treat this condition occurring under the circumstances indicated, as of little consequence, and the physician, unless fully aware of its significance, will too readily yield to their fond, impatient importunity. I think it may be regarded as a sound rule never to discharge a patient while exhibiting an abnormal degree of excitement or depression, even though obliged to revoke a promise made previous to its appearance.

Hardness of feeling towards the hospital, friends, or any others who have promoted or favored the patient's restraint, must always throw doubt on the genuineness of any apparent recovery. One who is fully restored will harbor no other than feelings of complacency and gratitude towards those who have

cared for him when unable to care for himself, and shielded him from the mortifying and dangerous exposure of his infirmity. He will never cease to entertain the most friendly feeling towards those who, under every provocation calculated to try their temper and patience, pursued the mild and even tenor of their way, returned his abuse with silence or with gentle words, and exhausted all the arts of kindness in soothing his troubled spirit and restoring it to peace and happiness. In fact, it may be justly suspected that a patient manifesting this unkind feeling, does not recognize the essential fact that he has been insane, and, generally speaking, this is a correct view of the matter. But it sometimes happens that a patient, though he may not heartily acknowledge that he has been insane, will admit the existence of some mental disturbance, not amounting, however, to proper insanity. "I did thus and so, I said this or that,"—selecting some incidents too notorious to be overlooked,—“but,” he will add, borrowing a leaf from the practice of quibbling lawyers, “do you contend that every man who does that thing or says this, is insane?” He declares that his confinement was premature, not warranted by the circumstances of the case, and towards all who participated in the measure, he has no other than feelings of indignation and wrath. Or he may say, “I admit that for a few days I was incapable of taking care of myself, and my friends did right in placing me in a hospital. But I soon came to myself, and during the weeks and months that have elapsed since then, there has not been the slightest occasion for my confinement. In keeping me here you have been guilty of high-handed oppression.” The practical question here is, whether this is a transitory stage of disease, to be succeeded by one of a healthier description, or a phasis of character in which normal and abnormal elements exist in very uncertain proportions. In order to decide this question, the first step is to ascertain the natural temper and disposition of the patient, and oftentimes we need go no farther. If, in his best estate, he were accustomed to look on every one who stood in his way as an enemy, to be arrogant and exacting towards others, to find fault with every attempt to serve and please him, and to lie without

scruple whenever a lie would seem to serve his purpose, then it can scarcely be considered as entirely a result of disease, if, in the hospital, he is full of resentment towards those who have done him the greatest possible service, grumbling and complaining about every arrangement, rude and vulgar in his deportment, and totally regardless of the truth. Instead of passing through a stage of disease, he is already not very far from his normal condition. In fact, patients of this description, who are far more numerous than the unprofessional world is aware of, must be regarded as having recovered to a certain point. That is, the more prominent traits of insanity have disappeared, their conduct is tolerably correct, and they are capable of managing their own affairs with their customary intelligence and prudence. To keep them in a hospital until they dismiss their angry feelings, would be simply equivalent to imprisonment for life. Beyond this point they never can recover, and it is better that they should be allowed the utmost freedom from restraint. It is one of the disadvantages under which we labor, that the true character of this class of patients is not, and probably never will be, understood by the world at large. With sanity enough to make up a plausible story, they pour their grievances into the public ear, and succeed in creating the impression that they have suffered indignity and wrong from those who were specially bound to shield and protect them. Towards the institution which received them within its protecting arms when their malady rendered all domestic arrangements ineffectual, and led them by ways of gentleness and skill to as complete a possession of reason as their unfortunate mental constitution would allow, they are always particularly bitter. Certainly, no greater misfortune, of the minor kind, can befall a hospital for the insane, than to have the charge, for ever so short a period, of a patient of this description. And yet no one I presume, is exempt, for any considerable period, from repeated strokes of such misfortune. It would be satisfactory to know the exact proportions in which the two elements of actual delusion and conscious moral obliquity enter into the composition of the mental condition in question ; but this will ever remain, no doubt,

one of the unsolved problems of pathological psychology. That they are always both there, is a fact beyond dispute.

In females, the menstrual period may be accompanied by abnormal excitement after convalescence has seemed to be fairly established. It can scarcely be doubted that by injudicious management, this condition may be so aggravated as to become uncontrollable. It is a safe rule, therefore, never to discharge a patient until the menstrual function is performed without being accompanied by any mental disturbance.

I have thus pointed out some of those conditions and incidents which throw a doubt on a question of recovery, and therefore require to be carefully and intelligently considered. In so doing, I have consulted my own experience only, and if others would give us the fruits of their experience in this relation, we might thus become possessed of information of inestimable practical value. By such means, and such only, for books are silent on this subject, shall we be enabled, not unfrequently, to save ourselves from embarrassment, and the patient and his friends from the most painful disappointment.

ON CERTAIN ABDOMINAL LESIONS IN THE INSANE.*

BY J. WORKMAN, M. D.

It has often appeared to me a matter of regret that writers on insanity have devoted so trivial a share of their attention, and of their space, to the condition of the organs of digestion. No one who has had even a moderate extent of familiarity with the treatment of mental disease, can have failed to observe the important relation subsisting between abnormal gastro-enteric function, and the phenomena of insanity; and no one who has carefully noted the pathological facts revealed by *post-mortem* examinations of the bodies of the insane, can possibly estimate at a low value, the aggravating reflex influ-

* Read before the American Association of Superintendents of American Institutions for the Insane, May, 1863.

ence which, during life, must have been exercised by this form of disease, not only over all the rest of the animal economy, but over the entire range of mental action. I believe it is incapable of disputation, that restoration of healthy digestive function, is the first and best step in the cure of insanity, and though many cases of incurable insanity may be met with in persons who enjoy, or at least seem to enjoy, excellent digestive health, yet it is doubtful if ever restoration to mental integrity has been effected, in the presence of persistent digestive derangement.

The medical body at large, can hardly be charged with indifference to this fact; yet it is very doubtful if the course almost universally pursued by them in the treatment of insanity, before relinquishing the patients to our care, is always, or even generally, the best or the safest which could be adopted. Indeed, I am very sure that were they more correctly informed on the pathological condition of the abdominal viscera, in a very considerable proportion of the cases coming primarily under their charge, they would pursue a much more prudent and far less aggravating course than we sometimes learn they have done. Probably no member of this association will require that I should here state, that I especially refer to the liberal employment, if indeed I may not use the stronger term of *destructive abuse*, of cathartic medicines, in all forms of insanity; but most freely in those very cases in which their exhibition is attended with the greatest risk, and can hardly ever fail to prove injurious. I allude to cases generally, though by no means invariably, of the order melancholia, in which intestinal torpor and obstinate constipation, present themselves as the most prominent morbid facts, and in which, too hastily, the conclusion is drawn that the establishment of free alvine evacuations is the one and only process of success, in the restoration of both bodily and mental health.

It is indeed very desirable in all cases of constipation, that the normal intestinal function should be reëstablished as soon as possible, but at the same time as safely as possible; and I am thoroughly convinced that, in insanity, this end is not always attained by cathartics, but, on the contrary, that these

very medicines are, in numerous instances, the very worst agents we can employ.

Is there any asylum superintendent who has not encountered a multitude of cases, in which his attention has been directed by the previous medical attendant, or by the friends, to the fact of obstinate, perhaps indomitable, constipation? Too often too, we gather the additional fact that the most powerful drastics have, in vain, been freely administered. Is it not over hasty medical logic, to hold that constipation of the bowels, when met with in insanity, always stands in a causal relation to the malady? And even conceding that it sometimes, or frequently, holds this relation, does it necessarily follow that its removal will be best effected by those severe intestinal irritants known as drastic purgatives? Surely, if it can be effected by gentler means, it is always desirable that it should be so effected; and that it may very often be effected by gentler means, may indeed by means of an entirely different character, very few who have had large experience in our specialty will question.

My object, however, in presenting this paper, is not to enter on the discussion of the general therapeutic question of the employment of purgatives in insanity, but to submit to the association a few remarks on a number of interesting cases which have fallen under my own observance, and to draw especial attention to the critical pathological conditions of the stomach and the intestinal canal, discovered by *post-mortem* inspection to have existed during life—conditions which one can hardly fail to regard, not only as incompatible with the free exhibition of purgatives, but in some instances, with the employment of almost any form of medicine.

Case 1—P. M. 21.—The first case to which I solicit attention, was one of acute mania, of quite recent occurrence, in a woman of 45 years of age. I suppose constipation of the bowels was present, for on the morning of the day on which she was admitted, ten drops of croton oil had been given to her. I need hardly say that I did not deem it expedient to follow up this mode of treatment, although the bowels still continued inactive, or at least unmoved.

She was restless, violent and destructive during the first three days, at the expiration of which she suddenly fell into a state of great prostration, but rallied under stimulants and external counter-agents, and took some nourishment. Finally she refused food, apparently in consequence of intense gastric irritation, vomiting whatever she did take, immediately. Enemata of beef tea and port wine were given for several days, but she ultimately passed into collapse, and died on the twenty-seventh day after admission.

Post-mortem examination showed old pleuritic adhesions of the lungs. The stomach was found to exhibit an hour-glass contraction, which divided it into two nearly equal compartments. The internal surface of each compartment had a puckered or ribbed appearance, so that it was gathered into longitudinal folds, each of the size of a crow's quill, gradually tapering off towards the cardiac and pyloric orifices. The mucous membrane was very vascular and much softened, and that of the entire intestinal tube was in the like condition. There was no accumulation of fæcal contents in the bowels. In fact, considerable tendency to diarrhœa had preceded death, and even the beef tea and port wine enemata, in small quantities, provoked expulsive effort, and had to be discontinued.

It was impossible to view the exposed abdominal organs of this woman without feeling thoroughly convinced that croton oil, in ten-drop doses, was a most unsuitable remedy. As to the cessation of alvine dejections, it appeared to me that nature had been acting propitiously in this husbanding of the vital forces. There had been, in truth, no detained materials requiring expulsion; and even if there had been, could they have proved more injurious than the substance given to provoke their expulsion?

Case 2—P. M. 1.—The next case which I submit, was that of a man of 61 years—acute mania of a few weeks duration. This patient had been in the asylum a month prior to my entrance, and died in three days after coming under my charge. To what extent purgatives had been employed I can not state, but I doubt not he had a fair run of them.

The brain showed marks of diseased action, and the ventricles contained some effused serum.

The peritoneum presented much inflammatory appearance, and in some spots was gangrenous. At the angle formed by the transverse and descending colon, there was a stricture three inches in length, formed by bands of inflammatory deposit. The left inguinal canal was dilated, having evidently been the seat of inguinal hernia, but at the time of examination contained no intestine.

Case 3—P. M. 10.—Was that of a man of 64 years. The appearance of the skin showed that he had once been affected with syphilis. His insanity was of the melancholic type. One month after admission he became very ill, and died four days afterwards. The brain, heart, lungs and liver, all showed diseased conditions. The *cæcum coli* was displaced from the right iliac fossa, and lay in the median line, in front of the small intestines; and from the ileum a pouch, forming a second cæcum, projected, about three and a half inches in length, and was of the same calibre and structure as the ileum.

Case 4—P. M. 11.—A woman of 30 years, profound melancholia, primarily suicidal. She died, after a residence of two years and a quarter, of gangrene of the lungs.

Post-mortem showed slight inflammation of the bowels. The uterus was retroverted, and the fundus lay over against the rectum, firmly fixed. Between the uterus and bladder several coils of small intestine were lodged.

Case 5—P. M. 112.—A woman of 54, insane many years before admission; became finally desperately suicidal, under demonomania; committed suicide in third month after entrance. All the small intestines showed strong marks of chronic inflammation. The mucous membrane of the stomach was rosaceous in color, and had many softened spots. The colon was much contracted throughout, and nearly empty. The sigmoid flexure was not in its proper location, but high up in the infra-renal region.

Case 6—P. M. 49.—A woman of 38; chronic insanity; resident 3 years and 7 months; right lung gangrenous; heart

hypertrophied; cirrhosis of the liver; the transverse colon structurally much contracted, and the intestines studded with hypervascular and ulcerated spots.

Case 7—P. M. 51.—A man of 46; melancholia; death twelve days after admission; brain and heart showed inflammatory marks; aorta dilated; the sigmoid flexure of the colon extended up to the ensiform cartilage.

Case 8—P. M. 53.—A man of 48; recent acute insanity; died five weeks after admission. *Post-mortem* showed decided marks of cerebral inflammation; the lateral sinuses were distended with fluid; dilatation of aortic arch; liver small and nodulated; stomach contracted, and coats thickened; transverse colon greatly contracted. (This was the only case in which I have ever met with an accumulation of fæcal matter in the colon. It was in the descending portion.)

Case 9—P. M. 56.—A general paralytic; aged 48; transverse colon much contracted—a most exceptional fact in this class of patients.

Case 10—P. M. 57.—A woman aged 30; died of inflammation of the medulla spinalis. Both the ascending and descending colon, structurally much contracted.

Case 11—P. M. 116.—A woman of 30; acute dementia; believed herself to be pregnant, and said she felt the movements of the baby. Her bowels were habitually confined, but the gentlest purgative gave her great pain, and I therefore abstained from this class of medicines. At the end of ten months, she was seized with severe abdominal pain, and had intense thirst. Collapse soon set in, and she died on the second day.

The *post-mortem* showed the intestines, above the navel, glued to the abdominal wall. The whole of the intestines were glued into one mass. The pelvis was full of fæcal fluids. The descending colon had a perforation, through which its contents had escaped.

I could extend the list of cases of intestinal conditions similar to the preceding, but it is quite unnecessary to do so. A

sufficient number has been adduced to show that the indiscriminate or bold use of purgatives, or of any other sort of gastro-enteric irritants, in the treatment of insanity, must be sometimes attended with much danger; and especially, too, in that very class of patients to whom, from the presence of constipation, they are most likely to be freely given by physicians unacquainted with insanity, or its numerous and formidable physical complications.

It is not, of course, to be assumed that all of the abnormal deviations exhibited in the cases herein cited, present positive contra-indications to the use of purgatives; but they certainly all afford hints to us that brisk action on the bowels, by such medicines, may be productive of results not anticipated; whilst the prior medical history of some of them would clearly show that even the heroic administration of purgatives had failed either to produce evacuations, or to relieve the insanity. And even in those instances in which the former result has been attained, the latter has not followed.

A recent German writer on insanity, Dr. Leidesdorf, relating the results in three cases of insanity, complicated by the presence of tape-worm, says that in two he expelled the tape-worm, but the insanity remained, whilst in the third he failed to expel the tape-worm, yet the patient recovered his reason. Probably similar facts might be found connected with the use of purgatives in insanity, accompanied by obstinate constipation. For my own part, I hardly recollect an instance in which, I have ultimately blamed myself for having abstained from their employment; but I do remember a few cases in which I could have wished I had done so.

There is another intestinal condition, perhaps more frequently met with in autopsies of the insane than any yet noticed by morbid anatomists. I allude to the prolapse of the transverse colon, a displacement to which some of the earlier French writers gave much attention, and one which I fear is not sufficiently valued by many modern physicians.

Esquirol seems to believe that this affection is confined almost exclusively to lypemaniacs, and he records that in 168

bodies of this class of patients, he found the arch of the colon deflected in 33, or about one-fifth.

Though I have found that in cases of lypemania and melancholia, this displacement is most common, yet I have met with it in almost every form of insanity. I cannot, therefore, see that it has any necessary connexion with, or determining influence over, any special form of the mental malady. In a total of 200 autopsies, I have found it present in 27, in various degrees, from a few inches below the natural position, down to the brim of the pelvis, and in a few, down into the pelvic basin.

At one time I entertained some doubts as to whether this lesion might not be the result of personal restraint, as by the application of the strait waistcoat, &c. But extended observation has shown me that it is to be met with quite as commonly in patients who have never been restrained, as in those who have been; and I have discovered its absence in some cases where, from this consideration, it might have been present.

I believe that patients having it, are generally subject to constipation; but never yet having found a deflected colon with more than the normal quantity of fæcal contents, I am altogether unable to admit that the displacement is caused by the weight of accumulated fæces. Of the 27 patients who had been affected with it, under my care, eleven were men, and sixteen were women. Its occurrence, therefore, seems to have no marked preference as to the sex. Esquirol says that such patients "often complain of epigastric pains." I have not realized this observation, and I altogether question its validity. Certainly a very large proportion of my patients never complained of any such pain, and though in the majority there was, in the general condition and the aspect of the patients, sufficient indication of impaired intestinal function; yet in a few instances the discovery of the lesion was totally unexpected. Esquirol also says the dejections are generally morbid; but this fact is certainly not distinctive—it is too common in insanity to be of any diagnostic value; and in the

large majority of cases in which it obtains, the colon will be found in the normal state.

I have said that it appears to have no relation with the employment of bodily restraint; neither has it any necessary connection with violent muscular action of the patients, for I have met with it in several who never had been violent or restless, but on the contrary had, for years, been quiet and inactive, or had never got out of bed during a long asylum residence. That the force by which the deflection is produced is sometimes strong, has appeared to me beyond doubt, for I have found the superior connected viscera, especially the stomach, dragged down by the colon, and quite transformed thereby in its configuration. In one instance the stomach was perfectly bi-cornoid. In these cases the omentum appeared not to have elongated as fast as was requisite to allow the stomach to remain in its natural position. This, however, is an exceptional fact. It is very seldom that any portion of either the ascending or the descending colon is dragged out of position. The transverse colon must itself, therefore, as well as the omentum, undergo actual elongation.

In one case, the last which I shall presently relate, the intestinal displacement involved not merely the transverse colon, but the whole of the ileum, and both were completely below the brim of the pelvis. The patient was a female, and during life she constantly asserted that she was pregnant, and when death approached, all her anxiety was as to whether the doctor (her own former physician,) would arrive in time. This woman suffered under quasi general paralysis. That a patient in whom so large a visceral displacement existed, should entertain delusion on the subject of pregnancy, seems to be quite natural. I have mentioned the case (No. 11) of another female, who entertained a similar delusion, but how different the pathological facts in the two cases!

It is hardly probable that displacement of the colon, and the consequent stretching of the omentum, take place spontaneously, and yet we do not seem to have hitherto elicited a single fact which enables us to assign an adequate mechanical agency for its production. It would appear, from the slight

notice taken of it by writers on general pathological anatomy, to be an affection occurring but seldom outside the range of insanity. If it is a lesion peculiar to the insane, has its presence in them any important etiological relation to the mental disease? We dare not answer this question in the affirmative, for though it is usually an accompaniment of insanity of peculiar type, it is not always so; and we can have no certainty as to the period of its inception. It may antecede the mental disease, but for anything we know to the contrary, it may have its origin long after the first accession of insanity. But whatever may be its source, and at whatever period it may originate, it is a condition of parts of important practical reference. If produced by muscular agency, (and it is very difficult to suppose how it can be produced otherwise,) then certainly it can not be improved by augmentation of that agency. This augmentation, however, can not fail to be realized under the operation of strong purgatives; and whether muscular agency has, or has not, been the cause of the lesion, we should be acting very unwisely in invoking a power which must inevitably aggravate the evil.

I shall now submit brief details of a few cases, trusting that they may not be uninteresting to this Association:

P. M. 103—*Case 1.*—H. W., a man of 31 years; resident six months; insanity inappreciable; he was taciturn and very feeble; tabes mesenteria was diagnosed; he died extremely emaciated. The brain showed trivial indications of disease; the upper lobe of the left lung was a solid tuberculous mass, but without cavities. The mesenteric glands were all enlarged; the mucous membrane of the intestines was much congested and softened; the kidneys were very vascular, and the tubuli uriniferi much enlarged. The spleen had a serrated margin, and the appearance of having been previously enlarged, and now shrunken. The small intestines were found pressed down into the pelvis, and the transverse colon was depressed below the umbilicus.

The prior history of this patient was unknown, farther than that he was a destitute person, and was sent to the asylum

because he was pronounced insane ; but on what grounds, excepting that he received humane care, I know not.

P. M. 46—Case 2.—J. R., a man of 30 years ; resident fourteen months ; died of pulmonary phthisis. The transverse colon was found deflected about six inches. The whole extent of the intestinal canal, and the mesenteric glands were affected by tuberculous disease.

P. M. 45—Case 3.—C. D., a woman of 28 years ; resident four years ; died of marasmus ; slight marks of disease in the brain and lungs ; the exterior of the heart coated with lymph deposit. The stomach contracted ; jejunum very small ; several strictures in the small intestines ; the transverse colon deflected down to the pubes ; the uterus and Fallopian tubes much congested.

P. M. 54—Case 4.—A. W., a woman of 38 years ; resident six weeks ; insane fifteen years ; three weeks before death, was taken with dysentery and low fever, accompanied by vomiting. Brain and lungs but little diseased ; liver enlarged and very soft and pale ; the whole intestinal canal inflamed, and showing ulcerated patches. The colon was universally ulcerated, and in some places only the peritoneal coat remained. The arch of the colon was thrown down to within an inch of the pubes. In the uterus was found a fibrous tumor, as large as a walnut, and completely filling the cavity.

P. M. 96—Case 5.—C. McC., a woman aged 39 ; resident 20 months ; died suddenly. A small quantity of serous effusion in the pleural cavities, and the pericardium ; on the base of the heart, on the left side, a warty excrescence, of the size of a cock's comb ; the abdominal viscera were pretty healthy in appearance ; the transverse colon was deflected to the pubes, and there it formed an acute angle, the two legs of which extended up to the right and left, to meet the descending and ascending portions of this intestine. The brain showed meningeal inflammation, and a large serous effusion beneath the arachnoid.

P. M. 114—Case 6.—E. B., a woman of 37 ; resident 19 months ; died of extensive tubercular disease in the thorax

and abdomen. The transverse colon, from the left angle to the middle of the right lobe of the liver was deflected and thrown down as low as the level of the cœcum, forming there a sharp angle. The colon was much inflated, and the deflection was thus made more apparent.

The mucous membrane of the intestines was rather florid, but not ulcerated. The mesenteric glands were enormously enlarged and fatty; a few of them were cetaceous. The liver was crammed with tubercles, many of which were in the suppurative state. The uterus was normal, but the left ovary was tied down and imbedded in inflammatory deposits. The right ovary was in a similar state, but to a less extent.

P. M. 122—Case 7.—A. K., a woman of 65 years; resident five months; affected with *quasi* general paralysis. The transverse colon was deflected nearly to the pubes. The upper portion of the ileum and its mesentery were firmly glued to the great curvature of the stomach by inflammatory deposit.

P. M. 129—Case 8.—B. G., a woman of 33 years; resident 12 months; died from hydrothorax and hydropericardium. On opening the abdomen dropsical effusion was found. The liver and spleen were much enlarged. The colon was deflected down to the umbilicus. The omentum showed marks of previous inflammation.

P. M. 133—Case 9.—A. M. W., a man of 39 years; resident 16 months; intense lypemania; about four months before death hydrothorax was diagnosed on the right side, and on *post-mortem* the right thorax was found full, (to utter compression of the lung,) of bloody serum. The arch of the colon and nearly the whole of the small intestines, were found in the pelvis, where they were slightly impacted. There was no trace of visceral or peritoneal inflammation. The spleen was enlarged; the liver normal.

P. M. 145—Case 10.—J. F., a man of 47 years; resident seven weeks; a case of acute mania; but the patient had previously suffered long from dyspepsia, and taken much medicine to obtain relief. His insanity commenced in a despondent form, but culminated in the highest development

of mania. He died of meningeal inflammation. The colon was deflected as low as the umbilicus.

P. M. 153—Case 11.—W. B., a man of 53; resident 17 months; died suddenly; hydropericardium and hypertrophy of the heart were found. This was another case of intense mania. The colon was deflected to the umbilicus; no intestinal disease present.

P. M. 163—Case 12.—M. E., a woman of 29; resident nearly five years, during nearly all which she kept in bed, and was extremely quiet, taking her food regularly, and never complaining of any pain. She died of latent phthisis. The colon was deflected down into the pubes. All the other abdominal viscera were in their normal state.

P. M. 157—Case 13.—J. L., a woman of 45 years; resident nearly three months; *quasi* general paralysis; believed herself to be pregnant, and when dying thought she was in labor, and was very apprehensive that the child would be born before her doctor should arrive.

There was found on the right parietal eminence of the brain a fatty tumor of the size of a cherry, having slight attachment to the dura mater, but none to the cerebral arachnoid. It had formed a pit in the brain for its own lodgment. On the base of the skull and in the lateral ventricles, there was found about $1\frac{3}{4}$ ounces of serum. The brain was rather firmer than usual. Heart enlarged and strongly adherent to the pericardium, on the posterior aspect. About three ounces of water in the pericardium. The lungs showed recent pleuritic deposits, and there were about eight ounces of serum in each thorax. The arch of the colon and the whole of the small intestines were found in the pelvis. The stomach was dragged down by the colon so far that its great curvature lay midway between the umbilicus and the pubes. The uterus was normal and virgin.

The preceding thirteen cases of deflected transverse colon, may be taken as a fair representation of this visceral displacement. If, in the average, they differ from general fact, it is probably in excess as to the extent of deflection; but the asso-

ciated morbid complications, all of which, indeed, have not for the sake of brevity, been detailed, are by no means exaggeratory representations of the pathological conditions discovered in the bodies of patients who have labored under deflection of the colon. An analysis of the cases will show that inflammatory or tuberculous disease of the intestines, or peritoneum, had been present in seven of the thirteen. Phthisis or marasmus was present in as many; hydrothorax, or hydropericardium, or both, in four; quasi general paralysis in two.

Deflection of the colon, in the insane, never exists as an isolated pathological fact; nor have we any reason to regard it, in itself, as an adequate cause of fatal termination. It is, however, very doubtful if it is ever present in curable insanity. This conclusion seems to be perfectly warrantable from a careful reference to the persistency of the mental disease in all those patients in whom it has been discovered, and to the formidable associated pathological conditions of other important organs or structures.

In the majority of patients of this class, the appetite is bad, and refusal of food is a very common fact; but some eat well and appear to relish their food much. The patient, case No. 11, was a large and very powerful man, and had an enormous appetite. His last words were a call for more food, just after finishing a hearty breakfast.

Undue distension of the stomach, by flatus or food, might tend to the displacement of the colon, but not necessarily to that elongation, or stretching of the omentum, between the stomach and the colon, which is always found in advanced cases. Besides, many of the cases afford clear proof that the stomach, instead of being the displacing agent, is quite passive, as in the cases in which it is dragged down by the colon, and transformed into a bi-cornoid viscus.

The absence of normal distension of the small intestines by food, must be a very common fact in lypemaniacs and sitomaniacs, and these constitute a large proportion of the cases of deflected colon. It would not appear unreasonable, in such cases, to ascribe the displacement of the colon to the fact just men-

tioned ; and if we could discover other adequate agencies to which to ascribe it, in the exceptional cases, of free eaters, we might, for the present, rest satisfied with the explanation, especially too, as it gives us, perhaps, the safest practical indication ; the exhibition of liberal nourishment, as the best means of preventing the displacement, or of retarding its progress. I should certainly have more reliance on this plan of treatment than on the opposite one, of frequent sponging out by purgatives. Besides, I have almost always found that the best purgative means in constipation of the insane, has been free and regular eating ; this is nature's way of working. There are, no doubt, exceptions to this rule ; yet even in these, we may find that other sorts of medicines, as for example, a little brandy, or one, two or more, large doses of Dover's powder, will effect purgation far more certainly and more copiously than cathartics, so called, and leave no injurious consequences.

I cannot conclude these brief and perhaps too disjointed remarks, without expressing my regret that I am unable to combine with them a larger amount of useful practical deductions. I trust, however, that their production at this meeting may lead to valuable discussion, and that much of the obscurity in which, at present, so far as I am myself concerned, the subject of intestinal displacements and abnormities is involved, may be removed.

Were it not my conviction that the study of the pathology of the digestive organs, in insanity, is deserving of our most serious attention, and that it is very desirable that the treatment of mental disease should be based on safe and rational principles, instead of, as I fear has been too much the case, on blind conjecture, or unquestioning deference to authority, I should not have trespassed on the forbearance of the association with the reading of this hastily written paper. I need not say that it is not in your ranks, I regard my remarks as called for, or likely to be most profitable. I could certainly wish that the attention of the medical profession at large, were more extensively and more seriously bestowed on the treatment of insanity, than I am aware it is ; and I know of no part of that treatment which more urgently calls for revis-

ion, than the exhibition of purgatives. I have, in the course of my own observation, had the most overwhelming proofs of the very frequent misemployment of this class of medicines, and I doubt whether even blood-letting during its disastrous era, produced more evil than purgatives have done, and still continue to do.

It is sometimes very difficult to move the bowels in insanity ; but I have seen some cases in which it was far more difficult to quiet them, after they were moved. It is prudent to let sleeping dogs lie, especially if they are of the ill-tempered class ; and the bowels of the insane, if injudiciously wakened up, are sometimes excessively ill-tempered. Just, too, as there are other ways of killing a dog besides hanging, so are there other and better ways of moving the constipated bowels of the insane, besides cramming them with castor oil, spiced with oleum Tiglii, or jalap fortified by elaterium.

In many cases of persistent constipation, I have seen a few grains of opium move the bowels freely, and leave them unhurt, when perhaps repeated heroic doses of drastics would have failed, or have done worse than fail. In these cases, the real seat of intestinal torpor is in the brain, and not in the belly, and we should address our medication accordingly.

But that raw-head-and-bloody-bones horror, with which, from the earliest days of medicine, retained fæcal matter has been regarded, may it not be like many other tenets of the ancients, a thing of imagination ? If the fæces in the intestines were really so offensive, so irritating and morbid as many seem to regard them, surely they would themselves act purgatively, and provoke their own expulsion.

I knew a gentleman whose health was by no means bad, but whose bowels moved only once in four weeks. He was a Methodist preacher, and performed as much work of mind and body as those of his class usually do. If retained fæces reacted so hurtfully as some say they do, this gentleman should have died, or gone mad, in a year at any rate. But he did neither, and I question whether he did not act discreetly in avoiding purgatives.

Another mistake with regard to purgatives, or rather to

purgative medicines, is to measure their value by the *quantity* of the dejections. A good purgative should do more than empty the bowels ; it should improve the functional condition of the entire chylopoietic apparatus ; and if it does this, it is not very important whether it effects copious or trivial evacuation. I have seen many a headache removed by four grains of blue pill and as much rhubarb, long before the patient had a stool, thus showing that the cause of the headache was not in the colon or the rectum, or their contents, but in the torpid liver and sluggish muciparous intestinal glandulæ.

ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE

The seventeenth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, was held May 19, 1863, at the Metropolitan Hotel, New York.

At 11 o'clock A. M. the President, Dr. KIRKBRIDE, called the Convention to order.

The following members were present and took their seats ;

Dr. THOMAS S. KIRKBRIDE, Pennsylvania Hospital for the Insane, Philadelphia, President.

Dr. JOHN CURWEN, Pennsylvania State Lunatic Hospital, Harrisburgh, Pennsylvania, Secretary.

Dr. CLEMENT A. WALKER, Boston Lunatic Hospital, South Boston, Mass.

Dr. ISAAC RAY, Butler Hospital for the Insane, Providence, R. I.

Dr. JOHN S. BUTLER, Retreat for the Insane, Hartford, Conn.

Dr. ANDREW McFARLAND, Illinois State Hospital for the Insane, Jacksonville, Ill.

Dr. W. S. CHIPLEY, Eastern Kentucky Lunatic Asylum, Lexington, Ky.

Dr. JOHN E. TYLER, McLean Asylum for the Insane, Somerville, near Boston, Mass.

Dr. C. H. NICHOLS, Government Hospital for the Insane, Washington, D. C.

Dr. JOHN P. GRAY, New York State Lunatic Asylum, Utica, N. Y.

Dr. JESSE P. BANCROFT, New Hampshire Asylum for the Insane, Concord, N. H.

Dr. R. J. PATTERSON, Iowa Hospital for the Insane, Mount Pleasant, Iowa.

Dr. JAMES A. REED, Western Pennsylvania Hospital for the Insane, Dixmont, Penn.

Dr. MOSES H. RANNEY, New York City Lunatic Asylum, Blackwell's Island, N. Y.

Dr. EDWARD R. CHAPIN, Kings County Lunatic Asylum, Flatbush, Long Island, N. Y.

Dr. D. T. BROWN, Bloomingdale Asylum, New York city.

Dr. JOHN B. CHAPIN, Brigham Hall, Canandaigua, N. Y.

Dr. J. A. BARSTOW, Sanford Hall, Flushing, Long Island.

Dr. J. P. CLEMENT, Wisconsin State Hospital for the Insane, Madison, Wis.

Dr. H. A. BUTTOLPH, State Lunatic Asylum, Trenton, N. J.

Dr. EDWARD JARVIS, Dorchester, Mass.

Dr. J. PARIGOT, Yonkers, N. Y.

The reading of the minutes of the last meeting at Providence, R. I., was, on motion of Dr. Ray, dispensed with, as they had been at that time read and approved, and had since been published in the JOURNAL OF INSANITY.

On motion of Dr. Nichols, it was resolved that a Committee on Business, together with the other usual Committees, be appointed by the Chair.

In conformity with the resolution, the President appointed the following Committees :

Committee on Business.—DRS. BROWN, CURWEN and MCFARLAND.

Committee on Time and Place of Next Meeting.—DRS. NICHOLS, BANCROFT and J. B. CHAPIN.

Committee on Resolutions.—DRS. TYLER, CHIPLEY and PATTERSON.

Dr. H. B. WILBUR, of the New York Asylum for Idiots at Syracuse, N. Y., was invited to take a seat in the meeting.

The Secretary announced the reception of letters from Dr. John Fonerden and Dr. R. S. Stewart, of the Maryland Hospital, Baltimore, and from Dr. Litchfield, of Kingston, C. W., regretting their inability to be present at the meeting, which were read.

An invitation was received from the Commissioners of Public Charities and Correction of New York city, to visit the institutions under their charge, which, on motion, was referred to the Committee on Business.

Dr. McFarland proceeded to read a paper on "Minor Mental Maladies," the discussion of which was postponed until the afternoon session.

Invitations were also received to visit Sanford Hall, Flushing, L. I., the Bloomingdale Asylum, New York city, and the Kings County Lunatic Asylum at Flatbush, L. I., which were referred to the Committee on Business.

The Committee on Business subsequently submitted a report recommending that the Association visit Sanford Hall, Flushing, the New York city Lunatic Asylum on Blackwell's Island, and the Bloomingdale Lunatic Asylum, on Thursday, May 21st, which report was, on motion, adopted.

On motion, the Association took a recess until 3 o'clock P. M.

AFTERNOON SESSION.

The Association reassembled at 3 o'clock, and the meeting was called to order by the President.

The following additional members appeared and took their seats :

Dr. O. M. LANGDON, Longview Asylum, Cincinnati, Ohio.

Dr. JOSEPH WORKMAN, Provincial Lunatic Asylum, Toronto, C. W.

Dr. RICHARD GUNDRY, Southern Ohio Lunatic Asylum, Dayton, Ohio.

On motion, DAVID A. SAYRE, Esq., Chairman of the Board of Directors of the Eastern Kentucky Lunatic Asylum, Lexington, Ky., and Dr. H. M. SKILLMAN, also a director of the same institution, were invited to take seats with the Association.

The Association then took up the consideration of the paper read by Dr. McFarland during the morning session on "Minor Mental Maladies," which, on motion, was subsequently laid on the table.

Pending the consideration of the paper, the following discussion transpired:

DR. NICHOLS: I confess my surprise that one-half of the members of the Association should have, in course, declined to express any views whatever upon the important question before us. I have no hesitation in acknowledging my belief in "*moral insanity*" as one of two distinct forms of mental derangement. The propriety of the distinction, both as a matter of theory and of fact, appears to me just as obvious as the propriety of distinguishing certain recognized forms of mental disease as melancholia, monomania, dementia, etc. Perhaps *dementia* does not happily illustrate my point, as it is well understood that term is used to designate a *weakness* of mind from disease.

I do not suppose that it is contended in the able paper just read by Dr. McFarland, but that in most instances of what the believers in that form of disease called *moral insanity*, the intellectual faculties are, more or less, affected. I presume that is the case. I doubt whether we often meet with cases of insanity that belong exclusively to any one of the cardinal subdivisions of that disease which are generally made in the text books, unless we mention dementia, which, it may

be contended, is rather a negative condition, than a form of positive disease.

I have supposed that all that was aimed at, practically in denominating one case of insanity melancholia, another monomania, a third dipsomania, and so on, was that the term used should express, in each case, the primary and prominent characteristic of the disease: and, in the same way, I have supposed that the terms moral insanity were used by those who considered their use appropriate, to designate a case of mental derangement in which the obvious primary affection was confined to the moral faculties and in which the same faculties continued to be much the most prominently, if not exclusively affected.

Every class of mental philosophers in every age have divided the human faculties into *affective* or *moral*, and *intellectual*—the common mind and the philosophical mind have alike always recognized *disposition* and *capability* as distinct endowments—and I cannot understand, viewing it as an abstract question—in a strictly *a priori* aspect—why the affective faculties of the mind may not be deranged—why, in other words, the brain may not be disordered in its substance or functions in such a part or way or degree as alone to derange the manifestation of one or more of the affective faculties of the feelings—as well as to be diseased in such a way or part as alone to derange one or more of the reasoning or intellectual faculties. Everybody believes, I suppose, that a single delusion often constitutes the entire perceptible insanity of an individual.

I understand Dr. McFarland, referring to certain examples of moral mania, cited by Ray in his work on the Jurisprudence of Insanity, to express the conviction that there were lesions of the intellectual faculties in some of those cases. That may be: perhaps we do not differ materially upon that point,—for the question whether a particular case described by the old authors was really a case of pure moral insanity or not, turns upon the opportunity for observation and the ability, experience, fidelity and candor of the observers. There is some room to doubt whether all those requisites of an

exact and entire picture of the cases referred to, were present in every instance.

In the case related by Pinel as belonging to his *mania sans delire*, and cited by Ray under the head of "Général Moral Mania," of the man who ended a career of passion and violence by pushing a woman into a well and being, in consequence, condemned to perpetual confinement in the Bicêtre, I see in the description of it no evidence of a *pathological* condition. The boy's temper was bad, and the man's was much worse from habitual, unrestrained indulgence in passion and violence. Had he, instead of being confined in the Bicêtre, been sentenced to hard labor in a penitentiary, he might have learned to govern himself and become a decent citizen.

But most of us have seen insanity enough to justify us in appealing to the facts of our own individual experience for the illustration and maintenance of our respective views on this question. For myself, it seems to me that I have seen cases—had them long under my observation—of insanity, in which there was an irrepressible disposition to do morally wrong acts—to engage in every conceivable mischief—a *disposition* which did not exist, in any degree, when the individual's mind was supposed to be sound, and did not manifest itself till after the occurrence of some disease or injury of the brain—cases in which there was not the least perceptible intellectual disturbance till years had elapsed during which the individual was confessedly insane.

Let me relate one example, that of Dr. L., who was first under the care of Dr. Earle, then of Dr. Ranney, and finally under my care at Bloomingdale, where I left him in 1852. I know nothing of his subsequent history. Dr. L. has sustained a very fair character as a general practitioner of medicine in this city. He was happily married, had several children, and besides maintaining his family, had accumulated some property, when he was seized with paralysis,—hemiplegia. He recovered his general bodily health and could walk miles, and swim rivers, though he never fully regained the use of

the leg of the paralyzed side. As Dr. L. got about after this paralytic seizure, his whole character was found to be changed. From being a kind and peaceable husband, father, neighbor and friend, he exhibited the reverse of all those virtues. During all the time Dr. L. was under my care, he manifested what seemed to me a morbid inclination to discuss the moral quality both of his own views and acts, and of the acts and views of his custodians and of his family and of the community, and his moral principles would have been considered perfectly sound in any enlightened christian community, but he was bent upon the commission of every conceivable act of deviltry. He was equally full of the best moral principles and of the worst moral acts. When at large, as he was two or three times for short periods, he visited his family only to wrong and terrify it, and frequented the society of lewd women and worse men. When under restraint he exhibited an irresistible power to entice his attendants into by-places and then assault them with weapons which he had constructed with extraordinary stealth and ingenuity.

His affectation of injured innocence was more than plausible, it was fascinating. No attendant could be trusted to resist it.

No vigilance rendered active by the fear of him entertained by his attendants, ever wholly deprived him, for a great length of time, of weapons for personal assault, nor of the instruments necessary to effect his escape; and no inaptitude of means seemed to baffle his mechanical ingenuity. During my acquaintance with Dr. L., which was after his disease was of several years standing, he did not exhibit, to my understanding, any derangement of his reasoning faculties, nor any apparent abatement of their power. Indeed, very great sagacity and quickness were exhibited by him in his ready and plausible efforts to reconcile his real mischief and acts of wickedness with his professedly innocent intentions. With due allowance for his ignorance of the then current literature and experience of his profession, it always appeared to me that he would have prescribed for a patient as intelligently and as judiciously as he ever could have done.

Now, this man was insane—no one doubted that. There were a common and sufficient cause of mental derangement and the indubitable evidences of its existence; but the apparent departure from his normal mental condition, was in those faculties which the learned world (not *we* alone) call moral or affective; his disposition was changed by disease of the brain, (shown by the paralytic seizure) and there was no evident departure from the normal condition of his reasoning faculties. Give this and similar cases of mental derangement what *name* you will, it appears to me that it is, *in fact*, a case of moral insanity, a case of the abnormal condition of the affective or moral faculties of the mind and, as far as could be distinctly perceived, of those faculties only.

I repeat: adopt what theory of metaphysics or psychology you will, whether you suppose that the faculties of the mind are distinct, and each is manifested through a different portion of the brain or the whole of it alike, or, on the contrary, that the mind is an indistinct entity, whose different modes of manifestation we call its faculties, I still see no reason why a portion or the whole of the brain may not be so disordered that the consequent deranged mental manifestations shall be confined to the individual's affective faculties, or, in other words, why the deranged mode of manifestation consequent upon disease of the organ or a portion of it, through which the manifestation takes place, should not be wholly affective or moral.

That there have been attempts to palliate crime by calling it moral insanity, I grant, but I think our specialty of the profession is not to any great extent responsible for this fallacy which usually lies at the doors of the criminal's friends, and, for the time being, to the defending counsel, not to those of the *experts* who may be consulted in the case. In no one instance since I have pursued this specialty, and in very few instances, I think, since the study and treatment of insanity became a recognized branch of medicine in this country, in which an experienced *expert* has formally testified to the insanity of a person before a court of justice or otherwise, has the subsequent history of the case, failed to substantially jus-

tify such testimony. This is a proved record, if it be a true one, as I believe it to be. But it will be remembered by most members of the Association that many notable instances have occurred in this country, in which some of the most distinguished members of the general profession of medicine have testified in relation to the state of mind of certain individuals in one way, and every *expert* has testified in a contrary way, or firmly refused to testify at once in the cases; and in every such instance the early subsequent history of the case and the verdict of the intelligent, disinterested community have borne swift witness to the reality and safety of our science, and to the fidelity of its cultivators. I think it may be justly claimed that there is no disposition on the part of the cultivators of psychological medicine to shield the real criminal from wonted and exemplary punishment, and that there is in this, as in all other cases, entire harmony between the practical teachings of true science and the highest welfare of society.

Dr. TYLER: The subject before the Association is one in which I feel a deep interest. Still, I hardly know where to begin or what to say in this discussion. I was impressed in hearing the paper of Dr. McFarland with this fact that, however much we might seem to differ with regard to giving an answer to a direct question as to whether we believe in this thing or that, if a given case were presented to us, there would not be a moment's hesitation on the part of gentlemen in declaring that that case was either insanity or not insanity, and that the difference is as to the precedence we should give to the faculties diseased, and indeed whether certain moral and emotional manifestations, clearly indicating insanity, ever do exist without necessarily involving in disease the intellectual faculties. They are objections to the terms used. The very term "moral insanity" seems to convey the impression to the mind of some persons that it is an excuse for crime or wrong action of some sort. But in the thing itself, I have been disposed to believe, for the reasons which have been stated by Dr. Nichols. I cannot conceive why the affective part of man should not be diseased as well as the intellectual

part. Why is it that when a patient's feelings are disturbed, it is *necessary* that the intellect be also disturbed before it involves insanity? I hope that this subject will be discussed very particularly and with the utmost frankness. I do not believe that there is a very great amount of difference between different members of the profession. If any body is wrong, it certainly is desirable that he should be put right. We desire all the light that can be shed upon the subject. But do not these cases exist? Take the simplest form of depression—of melancholy—where a person will tell you that all they are conscious of is this:—an overpowering feeling of sadness and gloom, of intense depression which colors and poisons their whole life; where the person, the subject of that state of feeling, will tell you that there is no change at all in his or her outward circumstances, that there is no greater reason why he should be in that state of feeling to-day any more than there was yesterday; when he says that he knows he ought to throw it off, that it is unnatural and without reason, but nevertheless, he *cannot* throw it off? Is a person in that condition in a healthy state of mind? Nobody will assert it. If his mind is not in a healthy state, it is in an unhealthy state, and a morbid state of mind is disease. If the person cannot throw it off, (and I do not think anybody will dispute that that state of facts does exist,) shall we or shall we not, call that insanity? Suppose a person is dyspeptic in the morning, and he feels cross and irritable, and surly, and wants to do some surly and uncomfortable act; he knows he should not do it; he knows he would not do it if he felt right, yet he does it. What is that feeling? Is it not an unhealthy feeling? Is it not a diseased feeling? As the day wears away he feels different. His morose and rancorous impulses pass off, and he feels well-disposed towards everybody, and he has no disposition to do anything whatever the least unkind. But suppose those feelings which existed in the morning, went so far as to incline him, or to more than incline him, to make it necessary, in his morbid feelings, to commit some act of great wrong. He would not do such an act in a different state of feeling. But he now feels like perpetrating mischief, and he does mischief, and

further than that, he does it for the purpose of gratifying that feeling. Here arises the question: which comes first, the morbid feeling, or the morbid act? A dyspeptic person wakes up in the morning; he feels suspicious of some one; that suspicion ripens into a belief that his neighbor is going to do him injury; which has the precedence, which actually occurs first in that man's situation, the morbid feeling or the morbid thought? I apprehend that that is all the difference between us as to which comes first. In my own mind, I have not the slightest doubt that the morbid feelings come first, that the feelings are poisoned and diseased. Just so long as the disease is confined to those feelings, and does not affect the intellect—though it does affect the will—just so long that person is emotionally, or as the words go, “morally” insane.

Mr. President, I have not had much experience in this sort of thing. The cases to which you may refer, and which I have been exercised with for the last three or four years, have been those where the intellect was led to delusion more or less complete, and where I could have no doubt in saying that the person was intellectually insane; but the disease started in the moral faculties. Of those cases, two were ladies who were jealous of their husbands. I have no sort of doubt that the inception of the disease was in this way, and connected with the uterine system. Then came the diseased feeling, a feeling of hatred and ill-will towards their husbands, and then the intellect was affected. The person believed that the things she felt were true, without any proof. But these were cases of intellectual as well as moral insanity.

Dr. WALKER, fully concurred in the views set forth in the paper read by Dr. McFarland, and dwelt upon the importance of our having clear conceptions of the phenomena of any recognized form of mental disease, and expressed his conviction that there was in the profession much misunderstanding as to the definition of moral insanity, and the class of cases to be included under that term.

Dr. GRAY: Mr. President, I fully concur in the views set forth in the paper which Dr. McFarland has read, and do not

propose to discuss its positions. I agree with Dr. Walker, in the remark that there is probably some misunderstanding as to what he means by moral insanity ; and I think the fact has already been illustrated here in the remarks of Drs. Nichols and Tyler. If there is misunderstanding among the members of the profession themselves, it is not unreasonable that we should look for it in the community. Dr. Nichols, while fully believing in the existence of such a disease as moral insanity, concedes, it seems to me, quite distinctly that he believes in moral insanity only where there is accompanying intellectual disturbance. He says, however, he does not see why there should not be a disordered condition of the brain involving only the affective faculties, and not disturbing the intellectual. The only question is, whether that is so or not. If so, the cases could be presented, and they would solve the difficulty at once. Dr. Nichols presents a case, which is one for record. Dr. Tyler, who has had ample experience, admits, I believe, that he has not had any case which he could designate as pure moral insanity, as he understands it, and as presented to us in works upon insanity and medical jurisprudence. I do not think I have ever seen any case at all corresponding with the description of moral insanity, given by any of the medical writers on the subject, and I have observed between four and five thousand case of insanity. I have seen many where the manifestations of the disease were mainly in the affective faculties, and yet, in all these, it was very perceptible that the intellect was either disturbed or impaired. Dr. Nichols alludes to the increased activity of mind in a particular direction, in the case which he presented. It is not an uncommon thing at all that mania quickens the mental processes. We have all observed that some very dull men seem to be brighter under certain kinds of maniacal disturbance, and yet I do not suppose that fact affects the question of the existence of moral insanity. Dr. Tyler gives a very wide scope to the disease, though I do not suppose he intends to include melancholia under the head of moral insanity.

DR. TYLER : A case of simple melancholia I should not.

DR. GRAY : Then up to the point where the intellect is disturbed, is it a case of moral insanity ?

DR. TYLER : I should like the term " emotional " better. I do not like the word " moral."

Dr. GRAY : The question then, with you would be, where does this disease begin ? With disturbed feelings ? Are its first manifestations in the emotions, sentiments, passions,—or with intellectual disturbance ? All such manifestations may arise in the bosom of any one, sane or insane. But the man is sick, he is depressed, or he is irritable towards his neighbors, or those of his own family. He represses his feelings, but bye and bye he is no longer able to repress them. We might not call that insanity. We might say truly, his temper has got the better of him. Insanity is something more than the perturbed emotions and the loss of self-control. But his disordered physical condition as a cause, his will might be overborne, and he be indeed no longer able to control himself—then we accept him as an insane man. Up to a certain point, he reasons, he controls himself, he recognizes wherein he is right and wrong, but does he act in accordance ? Now, Dr. Tyler considers that this is, in its origin and progress, a moral affection, which ought to be called moral insanity. I should not so consider it. The manifestations have been in the moral feelings, and the will has been overwhelmed. The will is no faculty ; it is but the executive power through which we carry out what we propose to do, and its enfeeblement indicates the impairment of power behind it. Again : is the disease at this point fully developed ? I can recall many cases where, for a long time, I felt very doubtful whether the persons were insane or not. What seems to be the incubative stage of mania or melancholia, the two primary forms of mental disease, is sometimes long in coming on. I recall the case of a young man brought to the institution, of respectable connections, and good education, who had manifested so little insanity, that his neighbors, and even his own family, could hardly consider him insane. He had been a little ugly towards his father, and had, without known prov-

ocation, broken some windows. These acts were in direct contrast with his character, and were without adequate reason. He was sent to the asylum, but it was some months before we were so convinced of his true condition, as to have been able, if called upon, to testify in a court, that he was insane, but he ultimately demented. Previous to this, he emaciated without any perceptible cause, and soon after sank into dementia.

DR. TYLER: No; none of us doubt but that the disturbance of the moral feelings leads to a disturbance of the intellectual. I would like to ask what you called that young man's condition before you saw dementia in him?

DR. GRAY: The disease in its commencement was simply a mild type of mania, a form of insanity, the progress of which, under favorable circumstances, may often be arrested for some time and then resume its course. In reference to that young man, I have no doubt, if he had been permitted to remain at home, and to go about as he chose unrestrained, decided mental disease would have developed much earlier than it did.

DR. NICHOLS: I would like to ask Dr. Gray how he understood me to admit, either directly or by implication, that an intellectual disturbance always accompanied what I term a moral disturbance. That is in every case of insanity?

DR. GRAY: If I have made the statement too broad, I take back that portion of what I have said. I understood you to say "that while you believed in moral insanity, you believed, nevertheless, that the intellect was more or less involved."

DR. NICHOLS: If I was understood to say that it appeared to me that the intellect was always involved with the moral feelings, though the disturbance of feeling was most prominent, I was understood to say what I did not mean. I intended to say, that in most instances, the intellectual faculties are disturbed; and I endeavor in what I say about this form of disease under discussion, to represent my experience and represent cases of insanity as they have appeared to me; and the

number of cases in which the moral disturbance was exclusive have been very few. Lest I might be considered as resting my theory upon a single case, I will state another which I have thought of, and which I think is as conclusive as that of Dr. L. I refer to the case of Mr. H., a patient of Utica. To describe his case briefly, he was an intelligent farmer—had been educated a lawyer—and resided in this State. He was a man of some means; at least he owned a good farm, and had, with the aid of an excellent wife, brought up his family well. He had several attacks of insanity, occasioned, as I understood, by his falling from a horse. When at Utica his insanity manifested itself mainly by lightness, triviality, and boyishness, in reference to every subject that presented itself to his mind having a moral aspect. He could not, it seemed, consider anything in a serious light. Though a man of great heart and fine education, he would sing the most trivial songs, such as children, who are well trained, would hardly delight in, and among them low negro songs, and even obscene songs. This was when I was more of a student of insanity than I have been in latter years; but, nevertheless, I could not see the least lesion in his reasoning faculties. He would always offer some excuse. He never would pretend that what most men considered right, was wrong, any more than he did in the soundest moments of his life, but he always offered some excuse—that he was forced into this or that thing by the pressure of belief that the human mind needed some relief. He was always attempting to get away, and at last he managed to make an ingenious saw, by which he sawed through the floor of his room and escaped. After I was called to Bloomingdale Asylum, I was subpoenaed to attend the trial of his son, on a suit instituted by the father, for false imprisonment. The son was also a lawyer—was a man of fine character,—of good standing in the community, and had always been a kind and dutiful son. The alleged imprisonment consisted in the son's and some gentlemen in the neighborhood taking him to the Asylum in Utica, and of course the question before the jury was in respect to the father's insanity. Now, here was a man who had had repeated attacks of insanity during his life, I

think at that time he had had a half a dozen. He had been in the Hartford institution as long ago as when Lafayette visited this country, for I recollect that it was said he was selected from among the patients to make a speech to that distinguished gentleman when he visited that institution. But I never could discover any intellectual lesion in his case. What I meant to be understood in speaking of Dr. L. and his extraordinary acuteness in framing plausible reasons for his misconduct, and his means for making his escape was, that this morbid moral force quickened his intellectual power. I did not mean to say that he appeared to be just as a man who is eager to do anything. His mind would act more rapidly, intensely and ingeniously. In other words, he would display more mind when he was intent upon a thing, than when not; and so would a healthy man. The idea I meant to convey, was, that the intensity of this disposition to do mischief seemed to quicken his intellectual capacity to frame the means; and that his intellectual faculties were not morbidly active, considered by themselves, was evident from the fact that when there was manifestly no opportunity to do mischief or make his escape, or do anybody any harm, he was as quiet and cool as any man in the house. If you went to his room under those circumstances, you would find him to be the mildest man possible, and by his manner he would seem to be a most perfect type of injured innocence.

DR. GRAY: Dr. Nichols having mentioned the case of Mr. H., I would state that I have had some experience with that gentleman since the period alluded to by Dr. Nichols. He manifested the same general conduct and traits of character in his latter confinement in the Asylum, according to the records,* that he did before. However, taking the description

*Referring to the case of Mr. H. as recorded at the date of his admission in 1846, by Dr. Brigham, we read that this patient had been previously, and was then laboring under the delusion that "his wife was trying to poison him"—and that he himself "was a second Saint Paul." Also, that during the greater portion of his residence here, his conduct was characterized by noisy and maniacal demonstrations. We think this note is important, as the case is quoted as one of moral insanity. Eds.

of his character and actions then, and that given by his sons returning him, he is represented (and I presume truly) as having failed in mind considerably between the periods of leaving and returning. He had become more intemperate, had been more inclined to wander about the neighborhood, to threaten his family and neighbors, and to do various other things of similar character, showing that his mind was becoming more and more disturbed and impaired, and his ideas of the rights and privileges of himself and others more and more obscured by his disease. I recall his case distinctly, because it had in it many interesting points. I have no hesitation, however, in saying that his intellect was involved and his mind seriously impaired.

DR. NICHOLS: You would suppose, and readily admit, that the failing of his powers of mind would be the natural consequence of frequent attacks of insanity.

DR. GRAY: Yes; that they must ultimately pass into dementia, the terminal stage of insanity.

DR. TYLER: I would like to ask Dr. Gray if he does not recognize such a state of things as I have described—simple melancholy—as a disease, as insanity?—where all the history that can be given by the patient and his friends, and all that observation can deduce, is the unaccountable depression of feeling and sadness which will force a person to the commission of suicide, or to attempt it? If he does, then suppose a case of that kind where, after an attempt at suicide, the patient recovers, and the feeling passes away; and then suppose another, where it goes on, and intellectual delusion takes place. Now, I would ask if the one is a case of insanity before it reaches the point of intellectual disturbance any more than the other?

DR. GRAY: In answer, I will say that, probably, I have not made myself understood. I stated that Dr. Tyler had presented a wide field, and I asked this question, in substance, whether, in alluding to cases of melancholy where there was a simple depression, yet unaccountable and deep, he called them cases of moral insanity. I do acknowledge and recog-

nize the state of mental depression described by Dr. Tyler as a state of disease—as insanity, and the form of that disease is melancholia, and is so recognized. I say further, that as the disease advances, the intellect becomes more and more obscured. But if those cases of simple depression are carefully investigated, I cannot but think that, in a majority of instances, we will be able to discover, from the first, indications that the intellect was not wholly untouched, but that these persons were from the beginning of the moral depression more or less indifferent to their own welfare, and to the relations and responsibilities sustained to their families and the community. That they appreciate, as the disease advances, less and less distinctly and clearly their duties and obligations, and fail to carry them out in their acts. That at length, under this mental obscuration, they go to the length, perhaps, of destroying their families and taking their own lives. It has always struck me that there must be some intellectual obscuration or impairment in melancholia even when there is not delusion. I cannot conceive of a person, except under the supposition of intellectual disturbance, who should thus neglect his relations to his family, and give himself over to the egotism and seeming selfishness that the true melancholic presents—talking about himself, his miseries, his wretchedness, to the exclusion of everything else. It may be supposed that in these cases the whole aspect of their condition seems to them so serious as to completely absorb them in their own welfare, and divert them from their other duties. But even in this view, it can hardly be said that the moral faculties alone are disturbed, and that their state is one of moral insanity.

DR. TYLER: I wish to know whether Dr. Gray has any doubt that the starting point is in the feelings, and not in the perversion of thought?

DR. GRAY: I presume that in melancholia the feelings are the first affected, and that before the intellect is perceptibly involved, it is a disease.

DR. TYLER: But would you call it insanity?

DR. GRAY: I should call it a simple form of melancholia. I should not call it a case of moral insanity, as represented in medical works.

DR. TYLER: But would you call it a case of insanity at all, until the intellect was somewhat affected?

DR. GRAY: I should not until the person began to lose his self-control. A case of simple morbid feelings, of depressed spirits, of wretchedness, or unhappiness, I should not consider a case of insanity.

DR. TYLER: Not when he could not repress it?

DR. GRAY: But when he is no longer able to repress it, or govern his acts, he has lost his self-control.

DR. TYLER: But would you call it a case of insanity before the intellect became involved, if he lost his self-control?

DR. GRAY: I should not think he would lose his self-control until his intellect was involved, and participated in the morbid mental processes.

DR. TYLER: I would like to ask Dr. Gray another question. It is within the experience of all, I have no doubt, that there are persons who have been sober and well-conducted in their lives up to a certain period, when they have been afflicted with a severe sickness, and after that have had periodical attacks of an irresistible impulse to drink, and would drink to excess, and when it was over, there would be no return of the impulse for some time, when it would come again; and in the intervals they would bewail that impulse much more than any of their friends would. Now, where can such a case as that be classed? The person does not think it right to drink; he has not been drawn to it by the indulgence of an appetite; it is not an intellectual disease which permits him to go in that direction, but it is something else which controls him in spite of his intellect.

DR. GRAY: If the change in character and conduct is the sequence and result of disease, and not of habit, then the man may be suffering from impairment of mind.

DR. RAY: I have said and written so much upon this subject already that no one can think that I can now say anything new. Still, the course of this discussion has suggested a thought or two. I have been unable from this discussion, as I have been from every other, to discern any clear, well defined and well understood issue between the believers in moral insanity and the unbelievers. I think we must, most of us, during this discussion, have felt something of the same kind. The author of the very able and interesting paper which has called forth this discussion, has avowed (and he seems to make it the issue) that, although there may be no intellectual aberration or impairment visible, yet it does exist; it is there, though we do not see it; and that view he strengthens by the remark that we often find delusion existing where we did not suspect it, and that much which passes in the insane mind we never become acquainted with. Now, if this is put forth as the issue between the believers and the non-believers in moral insanity, I am for one willing to say that I do not join it. I admit that there may be intellectual impairment which we do not discern; but that does not alter the case. I do see moral impairment, moral disease, moral aberration—I see nothing else, and that is all I know of it. That is all I have to do with it. If I have understood some of the gentlemen rightly, it would seem as if there might be another issue, viz.: that there was not only intellectual delusion in cases of alleged moral insanity, although we do not see it, but that there is necessarily in any case that would bear to be called insanity, intellectual impairment; and if I understand the inference rightly, it was that we had no right to call any case of mental disturbance insanity, unless we could show intellectual aberration. Well, there are the cases—call them what you please; the name will not change the thing. When I see a man showing the utmost disturbance of the moral feelings and affections; when I see him conducting himself as I never knew him to conduct himself before when in his right mind, I cannot resist the belief that there is something the matter with his mind—that there is a mental disturbance; and what are we going to call it? He

is not as he once was ; he is not right. You may describe his condition by all the common expressions that are used in the description of mind not right—*out of his head, beside himself, no longer himself, &c.* Practically this a matter of some consequence ; for what are you going to do with such cases in courts of justice ? Such a man comes up for a trial ; you are put on the witness' stand ; his acts are described to you ; you may have examined the case, and the question is put : “ Well, Doctor, what do you make out this man to be ? You say he has acted very badly ; has shown a great disposition to do mischief ; has shown a great many traits of character he never showed before, but which would indicate only moral perversion ; you say you cannot discover any trait indicating intellectual impairment ? ” Now, what then is the alternative left to you as a witness ? You are either obliged to say square-footed, that the man is not insane, or that his case is one of moral insanity. You *see* no intellectual impairment, and for all practical purposes, that is enough. The court says : “ Unless you can *prove* that the intellect is diseased, it is nothing, and the man is responsible.” I do not see how we are going to avoid that alternative. Have we not already heard of cases where, although the intellectual impairment was not visible in one stage or the other, it became so at last ; and, as was very justly asked by Dr. Tyler, “ was this man then any more clearly insane than before, merely because we have discovered some intellectual crotchet ? ” It is a characteristic of insanity that it is very apt to change its form—to run from one form to another. It is nevertheless insanity, though it does change its phases. I do not see how we can discharge our duty, as experts, unless we are prepared to accept the alternative just mentioned. It strikes me that nothing else would, in this aspect of the matter, satisfy a court and jury ; and you know that this has been exemplified in English courts to a very great extent. The doctrine is, unless the physician can perceive intellectual insanity, he has no right to give a certificate of insanity. For my part, I am not prepared for that. I see a great many persons who are to my mind insane, and who require custody and care, and

often at a public establishment ; but I may see in them no marks of intellectual impairment. They may be there, but I cannot see them ; and I am not willing to testify that they are there, but the circumstances of the case require our interference, and it has happened so far that they get it in spite of our theories. The gentlemen very justly ask for cases. Certainly, if we affirm a doctrine in regard to any disease, we ought to show the cases ; but really I cannot see the pertinency with which the question is put. If cases of this kind cannot be found in Esquirol, Pinel, Marc, Georget and Pritchard, then I admit that there are no such cases ; and I admit that there must be in the views of these gentlemen something which prevents them from receiving the cases they give as true and authenticated. The authors themselves thought they were authentic. They could see no intellectual impairment. We assume to believe that there was, although they could not see it. We know more about their cases than they did themselves. In short, if these cases are not worthy of credence, then I give up the whole question. I admit that we cannot show anything stronger. For my own part, I am unable to see how gentlemen who are conversant with insanity can have had under their charge from two to three thousand cases without seeing more than one case of what may be called moral insanity. I can only say that their experience is not my experience. I can only say that my observation confirms the observation and experience of the writers whom I have mentioned. I will remark, in passing, that the author of the paper has misunderstood the connection in which the case of Col. McG. was given in my book. I did not say that his was a case of moral insanity. I said that it marked the transition between one form of disease and another. McG., at one period of his disorder, did not exhibit any delusion ; he was, to all appearance, perfectly sound in his intellectual powers ; but he did manifest this terrible moral disturbance. At a subsequent period, delusions made their appearance, although, at all times and in all his relations, the moral impairment was the most manifest ; and it was for that reason

that he saw in his own case the difficulty which the gentlemen have raised here. When he got into a court of justice, he argued his own case with so much astuteness, and so much propriety—he showed an intellect so free from disturbance—that the court were unwilling to hold him on the plea of insanity, considering that the disease, as it manifested itself in this case, did not come up to the old law definitions. And the same difficulty must occur in many at some period or other. There is always likely to be this mere moral disturbance independent of any intellectual impairment. This may appear at last; but circumstances in the case require that we should act at once without waiting for any change. We are bound now, on the witness' stand, perhaps, to give our opinion on the case as it is, and not as it will be six months hence. “Is there intellectual disturbance here or not?” That is the question. I am sorry to have seen here, as I have elsewhere, so much apprehension manifested as to the effect which our teachings, our doctrines and our opinions, are going to have upon the popular voice. Now, gentlemen, it strikes me that this is hardly maintaining the dignity of our office. Before we can adopt any conclusion to which the facts lead us, are we to inquire how it is going to suit the jury, or the court; what the lawyers are going to make of it, or how it is going to strike them? For my own part, I think that is a matter beyond our line of duty. It is for us to declare what we believe to be the teachings of science, let the consequences be what they may; and if superficial men, or lawyers with the object alone of saving their clients, pervert the proper teachings of science, that is their business, and not ours. If I believe that the person in question is morally insane; if my examination of him has shown that his moral powers alone are affected; that, so far as I can see, there is no intellectual disturbance, I cannot see how any power is lost, or anything is done to impair our professional character, in saying so. What we believe to be, we have a right to say, and to say it in the strongest possible terms. An exception, I know, has been made to the use of the word “moral,” as if it were possible to avoid the real difficulty by a change of terms. If

it come to be a question of words, I think it is the best word we can have, because it covers all the ground. The distinction between the moral and intellectual has been used from time immemorial; and this distinction we have seen exemplified in practice every day. Whether we use the term moral or not, that sort of disturbance is there. Inasmuch, then, as the term is one that covers the whole ground, why not use it?

DR. CHIPLEY: I have listened to the paper read with a good deal of interest, not only because it presents the question of moral insanity, but because it illustrates a great many phases of morbid minor insanity. In regard to the question of moral insanity, it has seemed to me there is not, in our minds, a very clear idea of the meaning of the term moral insanity, or rather we may differ as to what we may consider to be cases of moral insanity. I would ask Dr. Ray to give us his definition of moral insanity, that we may have a starting point, so that we may have a mark at which we all aim in speaking of that particular form of insanity, and it may be that there is not that difference between us that appears upon the surface, when we come to understand what we mean by moral insanity.

DR. RAY: I did not suppose, at this late day, it were necessary to give any information upon that point. I use the term moral insanity as it has been used before, I suppose, by everybody else, as meaning that form of mania in which the moral powers are affected, without there being any intellectual disturbance appreciable. That there may not be intellectual disturbance, in spite of our limited apprehension, I do not dispute. My meaning is, that there is none visible. All we see is moral impairment, and that is all we have a right to affirm the existence of.

DR. CHIPLEY: I am not prepared to say, Mr. President, that there may not be cases of impairment of one or more of the moral faculties, or a disturbance of the moral functions, without involving the intellectual faculties. I have this to say, however, that in all cases that have been submitted to my examination, where I have had a reasonable time to investi-

gate the case, I have met with no such instances. I have seen cases reported, some of which Dr. Ray has referred to, in the older writers, which appear to be cases of moral insanity. At one time I so recognized them, and I believed in the existence of that form of insanity. But after a considerable amount of experience, and during which I have observed hundreds of cases, and have not met with a single case which presented itself in that aspect, I have been led to doubt the truth of the cases as given by the writers; to doubt whether the cases had been fully reported, and question whether there was not something in the cases which has not been written down not, however, with the intention of suppressing anything. But if I have had fifteen to eighteen hundred cases of insanity, and I do not find a single one which comes up to the definition of moral insanity, I think I may take it for granted that there may have been some unintentional suppression of facts in those cases that appear upon their face to be pure cases of moral insanity. I suppose that we have all observed the fact that in the beginning of a vast number of cases of insanity, the very first manifestations of the disease appeared to be in the disturbance of the moral functions, and that, in the course of a very short time, the intellectual derangement and intellectual impairment, which I suppose to have existed from the very beginning, will manifest itself. Most all of the earlier manifestations of insanity, I have observed, have seemed to influence the moral faculties. And I admit, with Dr. Ray, that there must be a period in such cases, during which it appears to be purely of a moral character; but if, after a short period of time, a few days or a few weeks, there is a manifest, indisputable impairment of the intellectual faculties, I think we may take it for granted that there was more or less of that impairment of the power of the will to control the moral faculties existing at the time when we could not work out what the intellectual impairment consisted of. The most important aspect in which this question presents itself, is where it involves a medico-legal investigation. I do not see, if there should be moral insanity, where we are to make the distinction between moral

wickedness and turpitude of character, and moral insanity. In both cases, there is apparently no impairment of the intellectual faculties. How are we to make the distinction as to whether the act committed grows out of the immoral character of the one case, from the one that rises from the insanity of the other? It seems to me that where a case presents itself in court, and insanity is put in as a plea, or excuse for crime, we have to prove at least one thing, that the act claimed to be the act of insanity is dependent upon the existence of disease. I do not think it is legitimate to plead that an individual who has heretofore been moral and upright in his character, because he has committed a gross act of immorality—so very gross an act as to make it inconsistent with his entire previous character, it should be made proof that he is insane. I think it is incumbent in a court of justice, in order to excuse an individual from the penalty of his crime, to prove that there was an impairment of his intellectual powers—that it was occasioned by disease—because the very idea of insanity itself is founded upon disease. But if we go over the presumption that conduct, gross and immoral in itself, rises from insanity, then insanity is an excuse for all crime; and I do not know but what we must then go further, and hold that all vice is the result of insanity. It is a view of insanity, however, that I have never been able to take, in the light in which it is viewed by a great many, and some of them very distinguished gentlemen. I have very great deference in expressing my opinion, because of the deserved distinction of the gentlemen who favor the idea of the existence of an impairment of the moral faculties without an impairment of the intellectual faculties.

DR. RANNEY: I was highly pleased with the paper read by Dr. McFarland. The general grounds presented are in accordance with my own views. But it is a subject that I am not prepared to discuss fully, because of the great difficulty arising in the choice of words to convey a clear idea as to the mental faculties and their operations. We speak of the mind as being compound in its character, while referring to the in-

tellectual, moral and volitional faculties. But, in fact, the mind acts as a unit, and if this idea of oneness be considered, it is difficult to conceive that a particular faculty may be extensively affected, without involving the whole action of the mind. It is undoubtedly the case that in insanity the moral faculties are so much affected, that they may even afford the principal indications of disease, yet if insanity truly exist, I think the intellect must be involved, otherwise I know of no real distinction between insanity and depravity. In the case of Dr. L., referred to by Dr. Nichols, I have no doubt the patient was insane, and his insanity was exhibited by bad conduct generally; but with it there were certain changes in his intellect which may be considered delusions. I think that he doubted the virtue of his wife, without any reasonable grounds. He also accused his friends of attempting to take his property, and even his life. In some instances, the affection of the intellect is so hidden, that the most careful inquiry is requisite to determine its existence. But my impression is strong that insanity does not exist where the intellectual faculties are intact and healthy. To constitute this disease, I think there must be defective development, aberration or enfeeblement of the reasoning faculties.

Dr. WORKMAN, in reply to an inquiry made by a member, as to the present condition of the girl, whose case was described by him in the April number of the JOURNAL OF INSANITY, made the following observations:

I have not, in the case referred to, observed any further developments, calling for notice. There has not, up to the present time, been any indication of intellectual aberration; yet I am convinced that if the girl is taken to her parental home, she will repeat her bad tricks, and again become a candidate for admission into the Asylum.*

* We learn from Dr. Workman, that during his absence, in attendance at the meeting of Superintendents, the girl was taken out of the Asylum, but not to her parental home. Up to 11th June, no information had been received of her condition or conduct; so that Dr. W. entertained the hope that she was doing well, and would not again indulge in her destructive practices. EDS.

Dr. WORKMAN, in reference to the general subject under discussion, proceeded to say: I am much pleased with the observations made by Dr. Ray, in referring to the authorities, on which his ideas of moral insanity have been based,—Pritchard, Esquirol and Pinel.

Dr. Ray says, that if the cases given by these writers, in illustration, do not constitute moral insanity, he gives up the whole controversy. Now, it has been from a close and careful study of these very cases, that I have been first led to doubt the distinct existence of moral insanity. I have thought that in every one of them, clear indications of intellectual defect, or aberration, were detectable.

Dr. Ray says that, though some gentlemen may have seen several thousands of cases of insanity, and failed to detect one of moral insanity, in all their numbers, still such are to be found; and he tells us, very properly, that the authority of observers is valuable, not in proportion to the number of cases seen by them, but to the closeness and accuracy with which the cases have been observed. Is it not as likely that this criticism applies as justly to the observers on Dr. Ray's side, as to those on the opposite? Is it not possible that, in the various detailed cases of moral insanity, given by writers on this subject, a more close and careful, or a more prolonged observance, would have detected intellectual aberration? For my own part, I can not accuse myself of carelessness in the case, described by me in the JOURNAL OF INSANITY; nor can the discovery of intellectual lesion in every one of a large number of insane persons, in the course of many years, be ascribed to careless, or superficial observance. If the cases appealed to by Dr. Ray are to be accepted by us as samples of moral insanity, pure and simple, and we are not to expect any better, I have little to say. Time will settle the question. I have long been looking out for a case of insanity of the pure moral type; but, as yet, I have not been successful in discovering even one. I have, indeed, received patients, whose cases have been *so-called*; but close and continued observance has, in every instance, except that of the girl alluded to, disclosed to me satisfactory proof of intel-

lectual lesion; and as regards this exceptional case, I leave with the Association the decision, as to whether it has been one of insanity at all. Mere supremacy, or even high overtopping, of moral perversion, or distortion of the affective faculties, I do not hold as entitling any case to the distinctive designation of *moral insanity*. The out-cropping of intellectual aberration may be but trivial; yet its latent extent and depth may be very great,—as indeed has been abundantly illustrated in the after-history of nearly all the cases described by writers on this affection.

DR. MCFARLAND: I introduced this subject to the Association, with a great deal of diffidence. I took the position I did with considerable misgiving, in view of the very high authority, and which we all respect, as highly as we respect any authority, either written or unwritten upon this subject. In my estimation, it is an important subject; and it becomes so chiefly in its medico-legal relations;—not at all because it is of consequence what one lawyer or a thousand lawyers think in respect to our opinions. It is not for these that I hold up the matter as one of importance, but it is in its relations to the administration of justice. I am not disposed to admit any case to a level sufficiently high to be termed moral insanity, unless it may come within the purview of the administration of justice in certain cases. Some of these cases which have been cited in this discussion, are mere emotional impulses, which are not inconsistent with a condition of tolerable mental health. They hardly deserve the name of disease. Now it is important that the Association discuss this subject, and have some views of their own on this matter, because it is one of opinion, and of opinion to be gathered from gentlemen here present. Highly as I respect those names who have contributed to our literature, I must, with Dr. Chipley, question whether there is not something in those cases quoted which has not been reported. I was careful in the paper to describe the phenomena of moral insanity as due to two causes. The first might be called cases of *active* moral insanity; those that follow after, a direct delusion, more or less concealed; and I stated that many

delusions of the insane were latent delusions, which were not in our power to detect. I was careful to say, in this connection, that there was another class of cases which arise from a withdrawal of the conservative power of the reasoning faculties over the lower instincts, and hence manifest, as in the case cited by Dr. Nichols, where the patient was disposed to sing idle and foolish songs; and where men give themselves up to baser passions, which are foreign to them when in a state of mental health. Those who are in the habit of being in courts of justice, know that there is an idea prevailing in the administration of justice that we, as a special profession, are running into a kind of heresy, which is drawing the popular mind into a belief that crime may be explained away under some sophism of insanity. Then, how familiar it is to us, who are in the habit of being called into courts of justice, to be put through a certain sort of catechism. The lawyer, when he has pursued his examination to the right point, as he thinks, says: "Now, Doctor, what is your idea upon the subject of moral insanity?" And here he thinks he has you. Perhaps he takes Dr. Ray's works and reads from them some garbled extracts, in his endeavor to pervert his language, and having done so, he tries to extort from you the confession or admission, that crime is a certain kind of insanity. Now it is against this that I want to guard; and latterly, I have taken the firm position that there is no such thing as moral insanity; that there is, lying concealed behind the moral disturbance and connected with it, some intellectual perversion. At the risk of being tedious, I would like to relate one case, which, I think, in its history and in its event, well illustrates this point. About the year 1836, or from this to 1840, there was a young lady admitted in the Worcester Institution; she was then twenty years of age. She was the daughter of a Massachusetts' clergyman, a man of high intelligence, and of sufficient wealth to give her the most superior education. Her mother was insane for many years. She was thoroughly educated, and became very accomplished. She possessed a fine personal presence, was a per-

son of exquisite taste, and a model of a young lady, in respect to her moral, intellectual and physical qualities. At nineteen years of age, she was the principal teacher of a first-class Massachusetts female school. At twenty, as I stated, she was an inmate of an insane Hospital. After a term of residence not exactly remembered, she was discharged recovered, and a few months after that, was married. Out of a large choice, she selected as a husband a young clergyman of fine promise, and they commenced life under the very best auspices. He was settled over a wealthy parish in Massachusetts. I do not know exactly how long matters went on harmoniously, but in the course of five or six years, she began to manifest a disposition to thwart her husband in little matters, and throw checks in his way—questioning the propriety of what he was doing in regard to matters affecting his church, and in regard to his family. He kept these facts within the bosom of his family, making no disclosure of it to any one, and in the mean time she was bearing children. By and by, however, matters became too troublesome, so much so, that they became known, and he removed from the place he was in, and went to the State of New York. For a little while, matters went better; but very soon, as soon as the novelty of the position wore off, she again began to thwart him, and again made trouble between his children and himself. Yet, during all this time she showed no sort of intellectual impairment. She was the centre of a great circle of friends, which she had the faculty to gather about her wherever she was; but matters became so troublesome, by reason of her conduct, that they interrupted the harmony of the church, and again he was compelled to remove, and he went to Ohio. Things began again to grow a little better, and they continued so for a few weeks; but again these peculiar characteristics began to develope themselves, and soon after he was again compelled to remove, and this time he took up his residence at Mount Pleasant, Iowa, where Dr. Patterson now resides. Matters were growing worse all the time. She began gradually to absorb all the erroneous ideas of that sort of half medical and half theological stuff, unfortunately too current

in certain circles, and she got her mind filled with them. Though she possessed extraordinary powers of mind, she was gradually changing her characteristics into a general "devilishness" in regard to everything about her. I think the family staid but a little while at Mount Pleasant, when her husband, owing to her conduct, was again compelled to remove; and about five or six years ago, they came to Illinois. Up to this time, I do not think any one would have discovered in that lady any intellectual impairment at all. There were extraordinary mental capacity and power, great charm of manner, and taste in dress, and good judgment. But with those qualities there was a disposition to make everybody miserable about her. This went so far that at last she set up in opposition to her husband in matters of religious belief—tore his church all to pieces, and created great dissensions in his family. At this stage of her history, three years ago, her husband got her admitted into our institution. She was admitted when I was attending the last meeting of this Association. I do not think that for two years of the closest study I could discover any intellectual impairment at all—certainly nothing that deserved the name. Her hatred of her husband had something diabolical about it. Every instinct of love was banished from her. She was thoroughly demoralized, and corrupted in all her moral sentiments. Yet, the closest study could not discover any intellectual impairment, except when she was sick; then delusion would exhibit itself, and then only. On one of those occasions, she informed me that she had discovered that her husband was the great "Red Dragon," and that her eldest son was the "man-child" mentioned in the same apocalyptic connection, and that was the only delusion I discovered in her in two years and a half. She gave me infinite trouble, and after having her about two years and a half, I got tired of her, and I proposed to the Board of Trustees to discharge her as the only means of getting rid of an intolerable and unendurable source of annoyance. But her husband appeared and protested against her discharge, and she appeared too with a paper, the existence of which I was not aware of until she produced it, which

she read to the Trustees of the Institution. It was a paper of some singularity, exhibiting a good deal of power of language and composition, and was a treatise on Calvinism. She was not discharged at the time. She proposed subsequently that she be allowed to continue to write her book. I gave my consent, and when she got fairly into the work, the whole delusion which had lain concealed in her case for eighteen years, became fully developed, and it showed that all this perversity of conduct arose out of one single delusion ; and the delusion was, that, in the Trinity, distinctions of sex had to exist ; that there could be in the Trinity no more than in the family unity of sex ; that there must be a distinction of sex, and that she was the Holy Ghost. That there was God the Father, Jesus Christ the Son, and she was the female Holy Ghost. It appeared, moreover, unmistakably in her writings that this delusion had possessed her for eighteen years, growing and increasing upon her, and giving origin to all this perversity of conduct, clearly and connectedly as I now see it, making out a case perfectly consistent with the idea of original intellectual delusion, underlying and producing all the so-called phenomena of moral insanity. It has seemed to me, in reflecting upon this subject sometimes, that we have fallen into the error of supposing, because we have certain types and resemblances of a thing, that we may take the thing itself for granted. Take, for illustration, investigations in natural history : we know that there are certain animals—monkeys, apes, &c.—which have a resemblance to the human species. By and by we discover the chimpanzee and the orang-outang, and subsequently the gorilla, each possessing greater human resemblance. Having an idea, we might now go on and say we shall yet discover the perfect wild man of the woods—perfect, save in mind—with the human jaw-bone and facial angle all right, holding the complete discovery as merely a question of time. We have the idea in our mind, and we believe that when we have advanced somewhat further in science, or have got into the woods a little deeper, we shall find what we are looking for. Now, having the ideal type sufficiently fixed in our minds, to believe in the

existence of moral insanity, unconnected with any intellectual disturbance, we say, we shall eventually find it, although we have not yet got it.

Now, Mr. President, I do say, that, if among all the cases reported—among the two thousand cases which Dr. Workman has seen, the fifteen to eighteen hundred which Dr. Chipley has observed, and the four or five thousand treated by Dr. Gray, to say nothing of the large experience of others, we have not found one case of moral insanity, then let us banish that obnoxious adjective from the language. This is not a mere subdivision of the great subject of insanity, one of the unimportant ones, but it is one of the highest importance. It is a matter which becomes us, by our own opinions, to settle. There are some things which can only be settled by the opinion of assemblies. We laugh at the Pope and his Consistory settling the question of the Immaculate Conception, but it is one of those questions that the authority of associated numbers may none the less definitely settle. It becomes us to settle the question just as well as to refer to foreign authorities outside of our own body, and I am satisfied that whatever is the opinion of this body, will become the accepted position of the courts, and the accepted opinion of the higher minds of the country.

DR. TYLER: I would like to ask Dr. McFarland if he did not believe the lady he alluded to was insane before he ascertained the existence of delusion?

DR. MCFARLAND: I was merely citing that case to show the latent form which an extreme delusion assumes.

DR. TYLER: But did you not believe that the insanity existed before you discovered the delusion?

DR. MCFARLAND: Yes, sir, I believed that delusion existed, and that I should find it.

DR. NICHOLS: I would ask Dr. McFarland what evidence he has now that the delusion existed during the whole eighteen years?

DR. MCFARLAND: It appears in the course of her writings. It is her own revelation in regard to herself, now existing over large volumes of manuscript, very clearly revealing the fact. I judge of the duration of the delusion exactly as I judge of the delusion itself—that it is a consistent description of the state of her own mind for the last eighteen years, the inception of the disease, its growth, &c. I believe in my paper it is stated that we do not always discover the connection between the delusion and the perverse conduct, and this is a very important fact. We can not always tell what the connection is—we are not wise enough, and yet that the connection does exist is unquestionably true. In the case of Col. McG. (cited in Dr. Ray's work) referred to, that his delusion had something to do with his perversity of conduct is apparent enough, though we could not tell the precise connection.

DR. NICHOLS: We all know that insanity has its *natural history*. What I mean by the use of those terms is, that if a man comes to either of you, and attempts to describe the case of his friend or neighbor, whom he alleges to be insane, any one of you can tell correctly, in five cases out of six, whether he is describing a real or imaginary case; and if he is attempting to make up a case, to what extent he is making it up. Now, before I should admit the existence of a latent delusion for eighteen years as evidence that a case of admitted derangement was not a case of moral insanity, I should want the most irrefragable proof that the delusion did, in fact, exist. But admitting the delusion to have existed as supposed, it still appears to me not improbable that the conduct of the lady in question, up to the time of her admission into Dr. McFarland's institution, was the exhibition of moral insanity, because it does not present a familiar case to my mind—a *natural* case, so to speak; to suppose that lady was led to the petty, tireless persecution of her husband, and to the unwearied pursuit of every ill purpose, by the belief that she was the "female Holy Ghost."

Dr. McFarland also refers to his experience in courts of justice, so called, in which, after a few preliminary inquiries

relating to the age, official position and experience of the professional witness, the counsel (usually the prosecuting attorney, I take it,) is sure, before the main examination is entered upon, to put to the *expert* the *questio crucis* whether he believes in moral insanity or not. For my part, I cannot appreciate the difficulties into which the witness is thought to be liable to be drawn by an affirmative answer to this question. If the court and jury give less weight to the expert's views of the character of the act, in relation to which his opinion is asked, because he acknowledges his belief in moral insanity, it is the court and jury's fault, (and folly, I may add,) not his. If he is right, the expert's opinion will, in the end, prevail, and he himself and his science will be respected. If, from fear of a popular prejudice, he denies or avoids the truth, and the world by and by discovers the weakness, he will not be respected, if his science is.

I could not express more forcibly than Dr. Ray has done my sense of the importance of our interpreting the phenomena of nature just as we see them, whether physiological or pathological, and if there is in the community the want of a clear appreciation of the essential difference between sin and sinful acts, or those acts that would be sinful were not the person committing them led to their commission by a pathological condition of the brain, it is not our fault, unless we fail to make faithful use of our opportunities to enlighten the community. If we have the truth, it is unquestionable that we shall in the long run best subserve the interests of human society, and of science, by adhering strictly to it, without the least reference to the prejudices it may encounter.

DR. RANNEY: What constitutes the difference between moral insanity and depravity?

DR. NICHOLS: Entertaining the same views, as I suppose, upon that important, but somewhat hackneyed question, that are entertained by every gentleman present, I experience, in replying to Dr. Ranney, the same embarrassment that Dr. McFarland exhibited in reading the introductory portion of his paper, and shall be very fortunate if, like him, I interest

where I only expect to bore. It appears to me that when a person, possessing the power of controlling his actions, commits an act that he knows to be wrong, he sins, and his sin may well enough be called "moral depravity." But even if a person understands the sinfulness of the act he commits, or, knowing it to be wrong in its nature, is impelled to commit it by an unaccountable feeling, or impulse, or delusion, caused by disease of the organ of the mind, it is then an act of insanity, and the actor is irresponsible.

DR. RANNEY: Suppose a morbid condition of *one* of the moral faculties of the mind exists, by that alone do you believe that a person would lose his power of self-control, without some aberration of the intellect?

DR. NICHOLS: I do suppose that he might—that the derangement of one moral faculty may impel a man to commit a criminal act, the intellect remaining, to all appearance, perfectly sound. I admit the difficulty of determining, in some instances, whether the act was one of wickedness or of disease, though that has never appeared to me to be the most difficult question which the *expert* is sometimes called upon to consider and decide, in his own mind. You must take into consideration the whole history of a doubtful case of insanity. One should first inquire whether any moral, physical or hereditary cause or causes of insanity preceded the presumed manifestations of mental disease. He should then compare the individual's whole education and normal character and habits with the act that may have had its origin in disease. If, upon the careful prosecution of such a wide field of inquiry, a common and sufficient cause of insanity is discovered, and the act itself is found to be one of *natural* insanity, then you may, it seems to me, pretty safely pronounce it to have been one of real insanity. In such a case, the existence of a sufficient cause renders more probable the reality of an apparent effect, and *vice versa*. I need not, in addressing you, gentlemen, explain myself more in detail. But whatever may be the difficulty, in some instances, in deciding whether a given act is one of insanity or sin, the *fact*, as I

regard it, remains—that perversions of the moral faculties, sometimes of a single faculty, constitute all that is apparent in case of real and legitimate insanity.

I do not now call to mind a marked case of the kind, but I have such a settled belief in the existence of the independent derangement of the moral and intellectual faculties of the mind, as to think it not at all improbable that there may be manifested, at the same time, and by the same individual, morbid feelings and delusions that shall relate to different subjects, and seem to be distinct from each other. The interesting case cited at length by Dr. McFarland, may have been a case of this character. Granting that the delusion that she was the “female Holy Ghost” had a concealed existence for eighteen years, I see no natural connection between such delusion and the perversion of her moral faculties that was manifested for that whole length of time.

DR. RAY: Now, the question having passed around, it may be well for us to see to what practical result we have arrived. The idea is given out that we are in a false position with reference to courts and juries. What is the practical result, after all, to which we are coming? A gentleman is put upon the stand: “Do you believe in moral insanity?” “No, I do not believe there is any such thing.” “You believe that there must be, in every case, intellectual impairment?” “I do. I do not believe anybody is insane whose intellect is not disturbed in some way or other.” “Do you think that the woman, whose case was cited here by Dr. McFarland, was insane before she wrote the book referred to?” “She is in our hospital; her friends placed her there as insane; she brought a certificate of insanity; she has the ways and manners of an insane person; still I could discover no evidence of intellectual impairment, and according to my theory, I am bound to believe that she was not insane.” There you have it; the woman loses the benefit of the plea of insanity. I want to know if that is the result to which we have come, and the result to which the gentleman wishes to come?

DR. MCFARLAND: As allusion has been made to the case, I

take the liberty of speaking again. My own convictions lead me, when I have a case where there are strange moral perversities, inconsistent with the previous character, conduct, education and habits of life of the person, so inconsistent as to become anomalous, I have no hesitation in taking the position that it is insanity. Well, is it moral insanity? I would say that I do not recognize that term at all. The term is unnecessary. We are not differing so much in regard to the facts, as we are in regard to the propriety of using a certain term, which I contend is obnoxious, and which is unnecessary in the explanation of any case of insanity, and which my preference would be to see disused. I am willing to rest the case upon the belief that the person is insane on account of this moral perversity, and that, as I believe, they are based upon a ground-work of an intellectual impairment of some kind. I do not doubt its existence at all, any more than I believe the principle of gravitation exists, when I see an apple fall to the ground, although I do not see the gravity itself. I think that is the fair way to put it.

DR. RAY: I fail now to see where you have made the issue. Is the issue one of things or merely of words?

DR. MCFARLAND: To say it is one of words altogether, does not express my meaning at all, although no little importance is given to the discussion of the word used. We are all agreed as to what are the manifestations of so-called moral insanity. We only fail to see our way clear as to whether we shall recognize that form of expression as properly applied to them; that is part of the issue. I do not concede that to be the whole issue, because it would stultify what I have said.

DR. RAY: Then I understand you to say that it is entirely a question of words?

DR. MCFARLAND: It is not, although much of the evil would be done away with by a change of words; but a change of name would not change the facts. The term "emotional insanity" would be somewhat less obnoxious. The chief difficulty is involved in the question, "What is the difference between moral insanity, so-called, and crime? Now, we will

suppose that it was perfectly proved that Mrs. Cunningham killed Dr. Burdell, and that, before the act, Mrs. Cunningham was shown to have felt very jealous, disturbed and distressed. Will you call that moral insanity? One sees at once where we are led to?

DR. RAY: Do you mean to say that that condition of mind might be confounded with moral insanity?

DR. McEARLAND: I do not. I say that there is a disturbed state of the moral feelings, which is unnatural, and I ask why not call it moral insanity?

DR. RAY: Is remorse an unnatural feeling?

DR. McFARLAND: I ask if these feelings of depression, which are, to a certain extent, diseased states of the mind, disordered moral feelings, are not sufficient to excuse a person from the penalty of crime, according to this theory? These difficulties arise when once you have allowed the use of the term moral insanity.

DR. RAY: Do you think the difficulty would be very much lessened if we dropped the term, and used "emotional insanity."

DR. McFARLAND: I do not. It would be a somewhat less objectionable term, but it is not unexceptionable. What I deplore is the existence of a word which gives to the public a ground of belief that we are contending that cases of enormous and extraordinary turpitude are kindred to disease.

DR. RAY: That does not disturb me much, however it may have a tendency to disturb anybody else. It has been my luck to attend in a long and tedious will case, in which the opinion was expressed in favor of the insanity of the party. A lot of gentlemen were standing together, and talking of the matter, when one of them asked: "What does Dr. Ray think of this?" "He said that the woman was insane." A Judge of the Supreme Court was standing by, and he remarked: "What's that? Dr. Ray has lived so long among insane folks, that he does not know how to distinguish. He thinks everybody is insane."

DR. WALKER: A good deal has been said, in this discussion, of the emotions, and of emotional impulses. Now, it seems to me that, because a person has an inclination to throw himself from the roof of a building, that he is not, therefore, insane. Nor is it insanity, when the mother calls out to the attendant to take the child away, because she feels an impulse to kill it—because the will is still in force—the intellect and reasoning power still supreme—the consequences of the impulse is provided against. But when that impulse becomes so strong as to overthrow the will, when the injurious impulses exercise ultimate control over the reasoning power, it becomes insanity. When the will is overborne, the intellect is disturbed. You may call it “impairment,” “disturbance,” “excitement,” or what not,—when the will is gone, the individual is gone. Here we can make a safe distinction between those cases of mere moral perversity, where the person does the criminal or injurious act to gratify an impulse, or for the sake of personal gain, and where it is done from a simple overpowering impulse against the better conscience and reason. I should have no hesitation in calling the latter case insanity, without any term “moral” or “immoral” attached to it. It is from this view that I can not conceive of any case of insanity without the intellect itself being affected; and I hold the will to be a part of the intellect.

DR. PARIGOT: Mr. President: Not having had the advantage of hearing the paper read, or the discussion that followed, I did not expect to be called upon to speak on the subject now before the Association. Yet, sir, at your request, and as moral insanity has lately attracted my particular attention, I will say a few words.

First: I believe the name for this form of mental disease is entirely inappropriate. The word *moral*, in its general bearing, signifies the opposite of *material*. Hence the term *moral insanity* implies a contradiction, because mental infirmity or disease can not coexist with health, and is, ordinarily, accompanied by perceptible signs. The term has led to many abuses. Immorality and crime have been called

moral insanity, and for this reason many physicians and jurists have opposed it. Nevertheless, I believe that moral insanity, considered as a perversion of the faculty of volition, is a fact,—that it is a morbid condition, independent sometimes of intellectual insanity, and even of emotional perversion, with which, however, it is frequently associated. It is true that certain of the symptoms belong more to the moral than to the physical order; still we know that moral causes will finally induce evident changes of tissue with the accompanying physical signs. These signs are always perceptible in moral insanity; and I could relate many cases in proof of the fact. In view of the great and well-founded opposition to the present nomenclature, I proposed the term *diastrephia*, to express the morbid change altering the conscience of the patient. *Diastrephia* for the will, is the equivalent of *delusion* for the thought. Jurists sometimes say, “We do not perceive how the will alone can be affected.” Sir, our journals of insanity record instances enough of insane criminals thus affected, who had been condemned to death, but their lives being spared, the two orders of symptoms speedily became apparent. In my opinion, there can be no doubt about the existence of moral insanity. The question of its existence appears difficult to resolve only in those cases where sin, or some vicious habit, has occasioned the disease. It may be difficult to say when these moral causes will have worked out their morbid stigma, or to judge how long an individual organism will be able to resist their influence. This, indeed, may be called the debatable land of psychiatry. Still, we must not mistake the results of real bodily infirmity, because originated in sin, vice, or bad habits, or regard them simply as a fancy of the psychopathist.

DR. BANCROFT: I ask whether we are to include, under the head of moral insanity, cases where the disease is the result of defective education or vicious practices? I understand the view of Dr. Parigot to be that, we may suppose that there is disease in those cases. Now do such cases deserve the charitable name of insanity?

DR. PARIGOT: This is certainly a difficult question to answer, inasmuch as it involves another question, namely, whether all crimes are not, to a certain extent, actual insanity. On these grounds many physicians contend that the insane, who have committed crimes or offences, should be held responsible, and punished accordingly. This theory has been maintained by men of great talent and reputation: for instance, Drs. Bucknill and Delasiauve. In my opinion, no criminal, unless he be insane, should enjoy the privilege of escaping punishment, and even with this privilege, allowed on account of real mental infirmity, is associated the right of society to take precautionary measures to prevent further accidents. This right is based upon the acknowledged principle that society punishes only with an aim to the future amendment of the evil doer, and not in the spirit of revenge. Now, sir, in answer to the direct question put me, I must say, that where insanity has been induced by such causes as defective education, (as often happens), vicious practices, heredity, or a defective organism, the patients (the diastrophics) are not accountable before the law.

DR. LANGDON: I wish to state the facts of a case. A man, who had always been an affectionate and kind husband and father, a good neighbor, and an upright man, in every respect, was attacked with typhoid fever. After being for some time very low, he recovers, but on his recovery, he is found to entertain hard feelings towards his wife and his children, and towards some of his most intimate friends. While sitting at his work at times, he will stop and look for half an hour at a time at nothing; and then commence work again, and in the midst of which he suddenly puts his hand to his head and says: "Oh, what a pain." He goes on thus for two or three years, during which time his bad feelings increase towards his friends and others, and one day he gets his gun, goes down and shoots his relative, who has never treated him unkindly in any way, and for whom he entertained always, previous to his sickness, the best of feeling. I would ask the President how he would regard that case, if the man were on trial for murder?

THE PRESIDENT: (Dr. Kirkbride) I should have very little doubt that the case was one of insanity.

DR. LANGDON: There is a point. The President goes before the court, and as an expert, says that it is clearly a case of insanity. But, five or ten physicians are brought on the stand, after having attended upon him for two or three months during his confinement, and who have conversed frequently with him, and they say he talks well and reasons well, that his intellectual powers are good and natural, and are in a normal state. What, then, becomes of our President's, the expert's, testimony? They ask the President, "Is this a case of moral insanity?" He says, "It might come under that head." They ignore moral insanity, and the man must suffer the death penalty, though the President is satisfied, in his judgment, that the man is insane. Or, if the President says, "No, it is not moral insanity," they bring forward old witnesses to show that it is moral insanity.

THE PRESIDENT: I would merely say that I have always avoided the use of the term moral insanity, either in writing or in the courts. In the case to which Dr. Langdon alludes, I would restrict myself to saying that the man was insane.

DR. LANGDON: But if they asked you if that was moral insanity, what would you say?

THE PRESIDENT: I would say that some authors might place it under that head.

DR. LANGDON: Bear this in mind, that there are six reputable physicians who are presumed to know something about pain and the nervous system, who testify that they have conversed with this man, that they saw no aberration of intellect whatever, but that, on the contrary, their judgment is that his mind is in a normal condition. Now this goes before the jury that it is moral insanity, and although you may say that it is insanity, and not moral insanity, they bring the books forward to show that it is classified under that head, and the man must therefore be hung. The half-dozen physicians produced by the prosecution are presumed, by the court, to know something, and the testimony of the expert, though

he is of equal standing, and has made the subject his study for life, goes for nothing. Now, if some expression of opinion were given by such a body as this, placing the subject where the books have placed it—the courts having now ignored everything of the kind,—it would have a good effect, and give us something we could fall back upon—for though we may say it is “insanity,” not using the term “moral insanity,” they bring in the works of Pritchard, Esquirol, Pinel, Ray, and other standard authors—read from them to the jury—to show that it is moral insanity, and they thus destroy the whole force of our testimony before the jury.

DR. NICHOLS : I suppose that in the case referred to by Dr. Langdon, although reflection on it would be exceedingly painful to the expert, still he must make himself as comfortable as he can under the conviction that he has done his duty.

DR. LANGDON : And let the man be hung ?

DR. NICHOLS : And let the man be hung.

DR. LANGDON : That is certainly a consolation at all events.

DR. NICHOLS : It is a very painful thing that one whom he knows is not in a condition of mind to be responsible for crime should suffer an ignominious death ; but unfortunately even the most enlightened community has not reached a point in which cases of that kind are not likely to occur.

DR. BUTLER : Did not one occur recently in New Jersey ?

DR. LANGDON : Then I have another case. There was a man in our town who said that there were witches about—that his wife rode out with them—that each morning her hair was tangled up by them—that everything in his house was changed. All these facts were proven in evidence, and further, that after a spell of sickness he had been changed in his character. He suspected the fidelity of his wife. A gentleman who employed him about his place, stated that he would often do very strange things. After things had been going on in this way for some little time, the man got up one night, strangled his wife to death, went up to the house of

his employer, rang the door bell, and when his employer came to the door, he drew a large knife, and nearly cut him in two, and killed him. Then he took the knife and cut his own throat. He did not succeed, however, in killing himself; and he was discovered and taken to the hospital. He had bled very considerably, but the blood was now staunched. He said that he knew what he had done—that he had killed his wife—that he had killed Mr. Orton, and he had tried to kill himself, and this fact was brought in, as proof to show that he was a sane man. We can conceive of cases of that kind where, by a great loss of blood, the excitement would pass off, and the person have lucid intervals.

THE PRESIDENT: I think that the first case you mentioned was a case where there was a delusion, and this one evidently is.

DR. LANGDON: I would ask if cases of suicide to a great extent, and most cases of homicide, in which the plea of insanity is set up, would not be classed under the head of moral insanity?—or what class would they come under in the classification by the authors?

DR. RAY: It might be moral insanity and it might be intellectual insanity; it might spring from a delusion, or it might spring from a perversion of feeling.

THE PRESIDENT: I have been unintentionally drawn into this discussion; I will say, however, that in my opinion, there is real delusion in a large majority of cases where persons are acquitted of crime on the ground of insanity. Dr. Ray is aware that we have had in Philadelphia two cases where persons were acquitted of the charge of murder, and where there was a doubt whether there was insanity or not. I refer to the cases of Wood and Hepberton.

DR. RAY: Those were not cases of moral insanity, however.

THE PRESIDENT: I believe that there are delusions in fact generally. The fact that the six physicians could not detect any evidences of aberration of mind in the case to which Dr.

Langdon referred, is no evidence to me that delusion did not exist.

DR. LANGDON: I think that if we could have an opinion upon the part of this Association to fall back upon, it would relieve us greatly. Of course when they have six physicians against one, they will convict a man, although the one man may know best in reference to the case.

The discussion having closed, the paper of Dr. McFarland was, on motion, laid on the table.

On motion, the Association adjourned, to meet at 10 o'clock A. M., on Wednesday, May 20th.

SECOND DAY.

WEDNESDAY, May 20, 1863.

The Association met at 10 o'clock. The Secretary read the minutes of the last meeting, which were, on motion, approved.

DR. PARIGOT arose and said: I do not know whether I understand the meaning of several gentlemen who spoke yesterday on moral insanity. But it appears that the Association recognizes that, though the name *moral insanity* is not an appropriate one, that there is a kind of mental infirmity that affects especially the will of some patients, and is distinct from what is called intellectual insanity. I believe that if the Association is of that opinion, one of the consequences must be that the mental symptoms of such afflicted persons should be carefully described along with the physical symptoms of such disease. You know, Mr. President, how important it is for medical experts to base their diagnosis on pathological facts. Not only before courts is it necessary to draw minute and circumstantial reports, but even in our *affidavits* on the mental state of a person we must be very careful. I have read in the last number of the *Annales Medico-Psychologiques* that in Spain five medical gentlemen, several of them specialists in psychiatry, were condemned to twelve years imprisonment each for having given *affidavits* concerning the insanity of a lady who was confined in an asylum by

reason of their certificates. The Spanish judges applied to the Academy of Medicine of Valencia for some evidence on the subject. It appears that the information given by a body composed of laymen in that specialty was such that it was determined to impeach and condemn the physicians, who certainly did what we often see done by many; that is to say, come to a conclusion without any scientific evidence of the observed symptoms.

Therefore, if you should here decide, which you have a perfect right to do, in my opinion, that moral insanity is a disease of the brain, as insanity is incompatible with health, the existing symptoms ought to be mentioned, to avoid the difficulties and trials under which some specialists have been placed.

DR. RAY then read a paper on the subject of "Doubtful Recoveries."

The reading of the paper being concluded, the following discussion took place:

DR. WORKMAN: I think that Dr. Ray has left very little, if anything, to be said. I think the paper one of the most useful and practical that I have ever heard read before the Association, and it is not the less valuable because it falls upon the track of our own experience. I was astonished, a few years after I became an incumbent of the asylum over which I preside, that I could not make my results so satisfactory as appeared to be accomplished by my predecessors, although they labored under serious disadvantages. I found the average length of treatment but a few months, and the recoveries up to fifty per cent. I could not make a better average in treatment than ten and a half months, and that embraced a range of from a few months to several years, and my percentage of recovery was low. I have observed this, however, in regard to patients who have been longest in the hospital under treatment, that the relapses are exceedingly unfrequent.

THE PRESIDENT: Have you absolute control of the duration of the residence of your patients?

DR. WORKMAN: I suppose I have a more absolute control in respect to that than you have in this country; still I am subject to the ignorance and credulity of friends. I cannot say that I am always desirous of retaining a patient until we have had a searching and prolonged convalescence, say two or three months; but I am sure I discharge patients that I might with benefit retain longer. I remember reporting the case of one woman, an old epileptic patient, who died with me. Her last period of residence was ten or eleven years. I found that that woman's name had given a record of eight cures, and her name had gone on enriching the statistics of the institution, though I could not recognize her as a recovery at all. I had a number of similar cases. I do not think it should be taken as an evidence of the value of any public institution, that it makes its discharges in a short period. Indeed, a short average residence would be, to me, sufficiently indicative of the other fact—frequency of relapse. I believe that the only safeguard against relapse is a prolonged and assured period of convalescence.

THE PRESIDENT: You have private as well as public patients?

DR. WORKMAN: We have a small number who contribute from their means, probably not over ten per cent. Over the remainder I have a good degree of control; in a good many instances not so much because they are insane as because of their destitution. I have more control over such cases than over others.

THE PRESIDENT: I believe, Dr. Langdon, that you have full control over your patients in respect to discharge?

DR. LANGDON: Yes, sir. Ours is a county institution, but we have a number of private patients from our State, as well as from Indiana and Michigan, and since the Hopkinsville institution has been closed, from Kentucky also.

I cannot do otherwise than speak in the highest terms of the paper that Dr. Ray has read. It covers the ground fully, and its deductions throughout accord with my own experience. There is one thing that I might state in regard to the dis-

charge and return of patients, and the number of cures that Dr. Workman speaks of as having been effected by his predecessors, out of individual cases. As a general rule, when I discharge a patient early, I write out the discharge in pencil, and if the patient returns before the year closes, it is erased, and the patient is considered as returned, instead of re-admitted, and does not count as a recovery, or indeed as a discharge. Oftentimes friends of patients come and importune for a discharge. I have sometimes discharged adversely to my own idea of restoration, as friends frequently bring strong circumstances to bear to induce me to do so.

DR. LANGDON detailed several cases, bearing on the questions discussed in Dr. Ray's paper, and in illustration of the difficulties of the surrounding cases, and the influences brought to bear on the superintendent of an institution to secure this premature discharge.

DR. PARIGOT: I have heard the paper read by Dr. Ray with very great interest. It is with me a very difficult point to determine exactly when a patient should be discharged. I was for several years in charge as superintendent of a very large asylum in Belgium, where the insane are set free in a populous village. I have found great advantage in having that kind of treatment, to ascertain the proper period when a person could be safely discharged and return home. I am not making now an allusion to the advantages of the free-air system as a medical treatment, but I may, perhaps, say that great changes are contemplated in the future erection of asylums in Europe. Now, the sudden transition from an asylum (which I may compare to life in a convent) to a full liberty in the world, surrounded by all its difficulties and anxieties, is often sufficient to endanger the mental sanity of a convalescent. I think it important for the reputation of the physician that he be not too quick in these circumstances to give liberty to patients. Besides, the responsibility that we have when we discharge a patient is vast. If a patient, a short period after discharge, commits a crime, who will bear the responsibility? The blame rests upon the physician who

has yielded to the importunities of the patient and his friends. But, by a curious circumstance, the responsibility of sending an insane person to an asylum, or of keeping him too long therein, falls also on physicians. I might, perhaps, be allowed to say something on these points. I do not believe that we have really the power, as officers of justice have, to send persons to an asylum as if we had committed that person to a prison. You will remember that in England there has been lately a case wherein a physician has been heavily fined for having sent a person to an asylum. Well, I do not see that we ever do such a thing. When we make out a certificate of the insanity of a person, I do not believe we "commit" him, but we give it in that sort of way as "esteeming" that such person is not fit to remain in society without danger to himself or others. To hold that we thereby "commit" a person to prison is a great error. I remarked a few moments since, that five gentlemen had been condemned to prison for having committed a person to an asylum, and having thus disfranchised that person. Well, now, I believe that the judges, courts, or civil officers, who, when they make blunders, are considered as infallible, or at least are irresponsible for these blunders, are the only direct offenders. In all these cases, physicians act only as *counsellors*. If a certificate offers any doubt, judges have not only the right, but it is their duty to repudiate that affidavit. If I were a judge, I would certainly choose among the medical men of my acquaintance those whom I should think best able to give good advice. If it appeared that their reports were imperfect, for instance, by not containing a sufficient description of moral and physical symptoms, which would carry conviction, I should call other physicians in. Then, I say, that judges and magistrates are certainly responsible, more so than we, when they neglect these duties.

DR. JARVIS: Mr. President: Unfortunately I heard only a part of Dr. Ray's paper; but that part which I did hear, I think finds a response in the feelings of every gentleman present. No one who has heard that paper can fail to say: "I have felt that," "I have seen that," "I have said that,

and sometimes in vain." Here is a paper that becomes, not specific, but generic; not personal to Dr. Ray merely, but common to us all; it is a part of the history of professional experience, in the care of the insane. We all know that some patients, when everything favors it, arrive at that point of recovery when they act right, talk right, and as far as they give evidence of their internal condition, they seem to think right. They are apparently rational and free from mental disorder; and yet they have not power so to act, talk and think, except when sustained by the help and influence of the hospital, and the circumstances which there surround them. Probably all of our insane hospitals have some such patients as these. To the casual observers, and to their visitors, they seem to be entirely well, and their friends are sometimes induced, by their fair appearance, to believe that they are needlessly, and even improperly, detained. These friends can hardly understand why persons so manifestly sane should be kept in confinement, or why they should be required to pay the cost. They are too often willing to trust their own judgment, rather than that of the experienced physician to the insane, and remove the patient to his home; but they find that the apparent sanity was not real, however, but rather the absence of disturbing causes, the result of the judicious adaptation of circumstances and influences to the peculiarities and weakness of the patient. I remember a lady who was brought to me, who was in a continual fret. She was a mother, a house-keeper, and had grown-up daughters. She gave me her own history. When at home, if her daughters did not work, she was worried and disturbed very much, because they were idle and even lazy. If they were at work, she felt just as much grieved, because it seemed to her that they would injure themselves by overwork. She came to my house, and while there she manifested no peevishness, or disposition to complain of anything. She seemed to be so well, so entirely free from disturbance of mind or feeling, that she remained only a few weeks, and returned to her home and assumed again her position at the head of her family. But she afterwards told me that she went back too early; that while there was

nothing to disturb her, she was well ; but when she returned to her home and family, and was amidst the common anxieties of domestic life, she was troubled. Here, then, come the difficult questions, which the friends of the patient are too often tempted to answer in the affirmative : “ Is this person well enough to go back to the enjoyments, circumstances and associations of home ? Can he safely assume his former responsibilities of ordinary life ? Is he able to decide questions that are continually coming up ? Has he the power to carry on the functions of his position in society, in the world, and manage himself and his affairs with the sagacity and discretion that he manifested before he became disordered in mind ? ” The family and friends judge from present appearances ; the physician judges from the nature of the malady, the personal history of the patient, and his liability to relapse. He knows that the patient is kept in his present apparent sanity by the help of the influences of the hospital, and the protection he there enjoys from disturbing causes. With a thorough knowledge of the nature of this disease, and of the condition and liability of the patients, and having control of the circumstances that surround, and the influences that may bear upon them, the hospital officers and guardians of the insane, can and do so arrange and manage the subjects of their charge and their surroundings, that the causes of depression, excitement or perversion of mind or feeling, are lessened in their force and diminished in their number, in respect to most patients, and from some they are, for the time, entirely removed. There are patients in most, and probably in all hospitals, who pass weeks and months with no mental or emotional perversity. In the way and to the extent that their powers are allowed or induced to act, they work, talk and seem to feel and think as other people. And this is not because they are cerebrally as strong and as well-balanced as others are, but because those who have the care of them select and measure out their burdens according to their ability to bear them. But let these go forth to the world, and engage in the ordinary business of life ; let them resume their natural and usual relations to, and positions in, their families and the

community, and they falter beneath the burdens which they cannot there avoid, or are disturbed by the irritations they cannot there escape; or they are oppressed with the manifold responsibilities which sound men easily bear, and then they become manifestly insane.

The practical manager of the insane discriminates between this apparent sanity, which is only sustained by external protection from burdens that would crush it, and that real sanity which rests on a healthy and well-balanced brain, and bears the ordinary and extraordinary burdens of life without faltering. But friends, inexperienced in this disease, cannot make this distinction: they see the manifestation of mental health, and fondly trust that it is permanent. They neither understand, nor duly fear, the dangers which would beset the patient in the broad world, but from which he is shielded by the hospital influence, and are too often willing to take upon themselves the responsibility of removing him from his present place of security, and exposing him to trials, which, though easily borne by the sound, are destructive to him. The consequence is, that the patient is again disturbed, and is again manifestly insane, and then again returned to the asylum. I beg not to be understood as saying that all friends are thus unconfiding. On the contrary, some show the utmost confidence in the opinions of the hospital officers, and believe that the apparent sanity of such a patient as I have described, is due to the power and influence of the institution. Some express great satisfaction and gratitude at finding their friend calm, cheerful, rational, who, at home, and in other circumstances, was and would be excited or depressed, irritable, or labor under manifest delusions. An elderly gentleman in Boston became depressed, irritable and suicidal. After some years of watching at home, his friends placed him with us. In a few months, he became calm, comparatively cheerful, and less prone to self-destruction. There was great amelioration of his malady, but no hope of complete recovery. I advised his family to visit him. They came occasionally, as I from time to time suggested. They talked discreetly with

him, avoiding disturbing and even doubtful topics. His wife and sons told me that he talked naturally and sanely, and they found great pleasure in their visiting him; but they were satisfied that he was kept in this condition by the separation from home, and by the influences that were then surrounding him, and they would not dare to take him away. At length, his health began to fail, and it was very apparent that he had not many months to live. I advised his family then to take him home, with many doubts and fears. They did so. During his few surviving months, in his own house, he was much more calm and comfortable than he was before he went away, though less so than he was with me. But his family, both then and have ever since, expressed great thankfulness that they had been induced by their family physician to take this measure, for thereby they were enabled to visit their father, and enjoy his sympathy and conversation in a way and to a degree which they could not at home.

This amelioration of insanity by protecting its subjects from the causes of disturbance; by keeping their excitability and their propensity to waywardness of mind or emotion dormant; by supporting them when and where they are weak, and shielding them when and where they are in danger, and thus keeping them apparently sane, who otherwise would be manifestly insane, this, next to the entire restoration to mental health, is, perhaps, the most important object and responsibility of the hospital. And, although the world has been sufficiently ready to acknowledge the work of the hospital in producing this improvement, they have not always been willing to recognize the necessity of its continued influence to sustain it. Yet, in this matter, the world is improving. There are, and more and more, that put full confidence in the opinions, as well as in the management, of the superintendents. They are thankful that so much sanity can be gained for, and sustained in, their friends, by the wisdom and watchfulness of the hospital managers; and are glad to continue that blessing, even at the cost of continued, or even permanent, confinement in, or the supervision of the asylum.

DR. RANNEY : The paper which Dr. Ray has read, I regard as a very valuable one. I do not feel that any remarks of mine would be of much interest upon the subject. There is a query, however, which occurs to me : Does it necessarily follow that a patient had not recovered upon leaving the institution, because he in a few weeks returns ? If the person be exposed to the same causes which first produced the disease, may not a relapse follow the same as in other diseases.

DR. TYLER : My experience upon that point has been this : I have found a few, and but very few cases, of insanity, which I have considered as cured within three months after their admission to the asylum. I have experienced some little trouble at seeing the number of discharges within that time from other hospitals, and the more so, because of the friends of patients, in urging a discharge, after saying to me that such and such a patient, in such an institution, was only kept four or five weeks, or a few months, and went away perfectly cured, and has remained well ever since. That has not been a feature in my experience at all. I can not say what has been the average residence of my patients, for I have never made a computation of the average length of time which patients have remained with us before they were discharged recovered ; but I should say that the extreme limits were from five months to as many or more years. I was exceedingly glad to hear a statement of fact brought out in Dr. Ray's paper that, in his experience, cases of excitement have been very often, after subsiding to almost an intermission of the disease, followed by a renewal of the excitement. I have sometimes been a little pained by the query of friends whether, if the patient had been discharged during such period of remission, he would not have remained well. Not having seen the matter clearly stated in the authorities, that I remember, as being a common fact, (though it is common in my experience) that the patient should remain well, if discharged at that time and returned home, the question is one I have felt unable to answer ; but if the experience of

others is that such a remission does occur often in the early stage of mania, it certainly is a very satisfactory thing for me to know. I listened with great interest to the reading of Dr. Ray's paper. As Dr. Jarvis said, it recounted many things that we knew, but had never seen put down so clearly before.

DR. WORKMAN: I think a most satisfactory answer is, that nothing is more common than the fact alluded to in the cases of persons before they come to us. I was recently requested to procure an attendant for a gentleman, who had become insane. I did so, and at once sent him forward. By the time he arrived at the place, the patient was pronounced perfectly well. I can remember several cases of this kind. I am constantly receiving applications for admission for patients, and I often receive no replies to my answer, or if I do, they are frequently that the patient has recovered. Nevertheless, I do not strike the applications from my books, because it is a very common fact to have another in behalf of the same party in a month or two, at farthest.

DR. TYLER: I have just discharged a patient, not cured, in whom I felt a great interest—the wife of a worthy artist, in whose case there occurred a remission, not amounting to a perfect recovery, in less than three months after she had been under my care. We hoped she would recover, but she afterwards settled back into an incurable state. I think the question will always trouble the husband, although he had the most perfect confidence in her treatment, whether, if he had removed her when she had the remission, she would not, among the genial influences of home, have perfected her recovery.

DR. BANCROFT: I wish to express my appreciation of the very great value of the paper which Dr. Ray has read, as containing a very faithful description of the difficulties we all experience, and which I am reminded I have myself met with. There are many remarks that struck me as particularly true, but more especially that on the subject of remissions soon after committal to the hospital. I am disposed, in this

connection, to take a course a little different from what we sometimes, perhaps generally, see in reports of practice—namely, to report a case which was not successful, in my own practice. I received a patient some time in January last, in a condition of acute mania—manifesting itself on political subjects. He had been a delegate to a state political convention, and during the progress of the proceedings, in which he had taken a deep interest, became excited, and before he reached home he became a maniac. In a week he was committed to the hospital. After the first two weeks, there was a mitigation in the violence of his symptoms, which continued until, at the end of four or five weeks, the patient was perfectly quiet, although easily excited in conversation. He became apparently rational. He spoke freely of his unpleasant experience in passing through this period of excitement. He acknowledged his delusions. He was allowed to go out about the grounds freely, and conversed reasonably about being able to return home in a few weeks. There were some circumstances in his case which rendered it desirable that the patient should be discharged as early as possible, one of which was that his wife was left alone with a family of small children, and was soon expecting to be confined. In consequence of this, a pressure was produced upon me to discharge the man, if possible. I went so far as to commence a correspondence with his wife in reference to the matter, and when questioned by him on the subject of going home, I went so far as to say that he was getting well rapidly, and I believed at an early day, would be able to return home. I did not commit myself to him any further than this, but to his wife I said that if his progress in improvement continued the same, I believed I should be able to discharge him in two weeks. For the sake of saving him the annoyance of being with some other patients, I had placed him in a private sitting room, where he was spending his time with books and papers, as he chose. Within a week of the time fixed in my own mind for his discharge, my assistant, in passing through the room, found him lying on the sofa, entirely naked. I found, too, that his delusions had all returned. He rapidly became

noisy and violent. The disease manifested itself in full force again, and from that time to this, he has continued, without any abatement in his symptoms, and his is by far the most demonstrative case of mania we have in the house. I suffered not a little embarrassment from having allowed myself to express as much confidence as I did in his early recovery. A proper caution would have led me, perhaps, to have withheld such an expression at that time, and the case has taught me the importance of great circumspection in these instances of sudden improvement on admission. The prospects of an early recovery in this case are very poor. I have met with several cases, within a year or two, which illustrate another point referred to in the paper, and that is the importance of holding out and not being discouraged for a long time, and of giving encouragement of recovery to friends, to wait patiently. As has already been remarked by others, there is a great deal of difficulty in holding out against the pressure which is in most cases brought to bear. I have in my mind the case of a patient who has interested me considerably, who has been discharged, within a few months, from our institution. Fortunately, the husband of the patient I refer to, was a very sensible man, and appreciated the importance of listening to advice upon this subject, and he submitted to whatever I recommended. The case was one of marked delusions, of a very definite character. They continued very much the same for a period of more than two years, and I confess that, in this case, I had many misgivings and serious discouragements in reference to the question of the final recovery. There was one fact, however, through all these discouragements, that gave me some confidence, namely, that her mental vigor remained unimpaired, notwithstanding the patient seemed to make no change for these many months. I confessed to the husband that it was discouraging when a patient went two years without showing signs of recovery; yet so long as there were no signs of dementia, I should still have hope, no matter how long it might be. At length, a change became apparent, rather suddenly, and I will allude to the circumstances under which it took place. The lady

was a very intelligent woman, and had a brother living at a distance in a neighboring State, in whom she had great confidence, and for whom she had a very great affection. He had not seen her during her illness. He called to make her a visit, and was allowed to see her. He had an abundance of time and saw her alone. He was a judicious man, and conversed with her freely and frankly, and, as he said afterwards, stated to her that these were delusions which had existed in her mind. She gave him a report of her own views. He told her that those were incorrect views. It made a little impression on her mind. Before he left, I saw them together for a few moments, when the lady said that her brother had stated that some of her views were incorrect; but she said nothing more at that time. I said to her that I was glad if she thought it was so. It was not many days before she began to make concessions, and within a week, she stated frankly that she had been holding incorrect views in reference to herself, her family, and others. From that time, recovery rapidly took place, and one which I consider complete. The lady is now perfectly restored, and is in full charge of her own duties at the head of a household. This case struck me as one illustrating the great importance of our never wearying in the direction of hope, and several others of a similar character in my own experience now occur to me.

I would say a word in reference to another point which has been stated, namely, the control of the time of discharge of patients. We have not as complete control over the term of residence of our patients as in some other hospitals. A considerable number of our patients are dependent upon the decision of friends, in reference to that point, and we have no certain control over it. If they decide to take a particular course, we can not prevent it. It is impossible to persuade them, in many cases, that it would be better for them to remain, and frequently they are removed too early. A portion of the patients are placed in this institution by the authority of the town. In those cases, we have no more control. The town officers decide that question, and too fre-

quently they decide with reference only to the fact, whether or not, it is safe to take the patient to the alms-house.

DR. BARSTOW : Dr. Ray, in his paper, has given a series of typical cases, which are familiar to us all, though perhaps none of us have crystallized our thoughts into the same clear language. I have a word to say in regard to the time that a patient should remain under treatment, the duration of his stay, and the exact time when he should go to his friends. Our institution is filled with private patients—very few, not to exceed ten per cent.—being committed by law. Hence, the duration of the stay of most of our patients rests entirely with their friends, and I never hesitate to say to them, “If you take this patient from the institution, you must assume the responsibility, for I will not be held in any degree responsible for a relapse.” As Dr. Bancroft has alluded to cases where the town or private parties may insist upon the removal of a patient, when the physician is in doubt as to whether it would be safe to do so, I think he might relieve himself from the responsibility by saying, absolutely, “So far as I am concerned, I occupy only an advisory position, but you should be governed by what I say; if not, the responsibility is yours, and not mine.” I would like to inquire whether Dr. Bancroft does so in such cases?

DR. BANCROFT : I do not allow the responsibility to rest upon my shoulders. We are annoyed frequently by an attempt, on the part of parties interested, to make us responsible, and in a round about way, to get us to express an opinion in favor of the patient's fitness to go out. The question will be put in all manner of ways, to get from you, even indirectly, an approval of their course; but I have learned, long ago, to be exceedingly cautious in assenting, and to be frank and out-spoken, and I say to them, “I do not believe this patient is in such a condition, as that it is for his interest to go out. I shall take no responsibility for any untoward results which may follow; and if you take the patient, you take him at your own risk.”

DR. BARSTOW : Still, after all that, the responsibility, in the minds of a great many friends, will rest on the physician, and he can not, altogether, rid himself of the feeling, that, perhaps, if he had insisted, with authority, that the patient should not be removed, a relapse might not have occurred. In regard to the duration of the stay of patients, it is difficult, situated as I am, sometimes to determine that point. I have one gentleman who has been with us at short intervals seven or eight times, during the past two years. He lives in the city. He is a gentleman of large means, of a refined and gentle nature, and a cultivated mind. I should also say that he has been for fifteen years subject to periodical attacks following attacks of asthma. On recovering from the asthma he falls into a melancholy state, accompanied sometimes with delusions. Lately these attacks have become more frequent, sometimes following the asthma and sometimes occurring between the attacks, so that in the last few months he has been three times with us. His attacks come on in this way : At first he is unable to sleep at night. He then becomes fearful of another attack, and that fear invites the condition that he dreads. He is suspicious of his friends, hysterical, suicidal. After thus remaining without sleep for two or three days, he presents the appearance of a man broken down by a long debauch, or by typhoid fever. The whole appearance of the man is changed. He comes to us in a state of abject despair, and each time with the conviction that he will not recover. The effect of his coming seems to be greater than that of medicine. But of course he is treated according to indications. He sleeps imperfectly the first night, better the second, and the third night he sleeps soundly. He remains in the institution a week, and it seems cruel to retain him another day, for he is now as well as he has been at any time in fifteen years. I tell him to go and do the best he can. He returns home, and sometimes after a week of social comfort and enjoyment, he will again pass a sleepless night—when the same programme is repeated as above. Again, he will be able to remain at home two or three months. And as I know that

sooner or later he must become a permanent inmate of some institution, I think it right to give him every possible chance for the present to be at large. He revolves, we may say, in a fixed orbit. On reaching a certain point, he breaks down, and this little parenthesis of his life being over, he moves on again as before. This is one of a class of cases, not uncommon in our institution, though perhaps more rare in others. Now, in all such cases, when we have a reasonable assurance that it may be safely done, surely it is desirable and humane to give a patient all the chance that is possible, outside. The hold of the physician on the patient's confidence and regard is thus strengthened, and the most pleasant relations established.

DR. MCFARLAND: I should feel that I was not doing my duty if I did not arise and express my high appreciation of the paper read by Dr. Ray. It is consolatory. There is a certain balm of consolation that comes with it, in seeing that our own mistakes have a record in the experience of others, and I have listened to it with great pleasure on that account. The feature mentioned in the paper of a remission which appears in the early part of cases of insanity, is a very striking and well-recognized phenomenon. It has always seemed, in my mind, to have some analogy to the remission which takes place in cases of typhoid fever in the first twenty-four hours of the attack; and in the one instance, as in the other, the remission usually foreshadows a rather serious case. It has always seemed to my mind that there is an analogy between the two phenomena. I happen to be circumstanced in such a way as to test one question that has been agitated: Whether we do not discharge our patients too rapidly. I have no doubt that we do so. Now, in our institution, which can accommodate only three hundred patients, to meet the wants of nearly two million of people, the pressure of applicants is beyond our capacity. Hence, the inclination to discharge patients as soon as possible, and I have no doubt that I experience the effect of premature discharges to an unusual degree. In this connection, I desire to recall a discussion which took

place before the Association many years ago; it was on the question whether there is not something in the matter of nationality—whether there are not some races of men in which recoveries are more rapid and satisfactory than in others. I once stated the belief that some of the races of men whom we do not regard as the highest, are slow and unsatisfactory in their recovery. Now, recent observation has brought to my mind what I believe to be a fact, that some patients admitted to our hospitals (and I refer to the lower class of Irish) we may keep in the institution too long. I am satisfied that in that class of mind there are cases where the disease seems to rise to the surface and disappear, and where, if the patient is then retained two or three months longer, it seems to return. I have no doubt that Dr. Ranney, who has had charge of a great many of that class of patients, could substantiate the fact, if it be a fact—that if we keep those patients for a full recovery to take place, we almost always have a relapse, and an incurable case following. It has seemed to me that in that class of minds we have got to reach a discharge quicker than in the more elastic and vigorous mental constitutions of other races of men. There is a fact oftentimes observed—the tendency that patients have to measure circumstances and objects through their own defective vision, and the change which time makes in the complication which the circumstances have. Patients have sometimes said: “I was badly treated when I first came here—I was locked up—I was abused—I was collared; but as things went along, I confess I have been better treated, and now I am well treated.” I recollect one forcible expression used by a patient: “The institution was damnably conducted when I came, but I think the remorse that men have felt at it, has effected a reform, in accomplishing which I was the passive instrument.” In regard to the fact, which I state as a view of my own, whether there are not some cases where the disease reappears through the corrosive effect of time, if anybody else has ever thought of the subject in his own experience, I should like to be informed.

DR. CURWEN: In respect to the class of cases in which remissions occur, I will state that I have seen an unusually large number where, within a month, and sometimes within two months, there would be a complete remission—where the patient would be apparently well. In those cases, frequently every importunity has been used to induce me to discharge the patient, but I have uniformly, as far as I could, resisted the pressure, and in a majority of cases I have successfully done so, and I have found that there was a return of the excitement subsequently, often more violent than the first. I have always looked upon these remissions, coming on shortly after attack, as a very suspicious circumstance, and the shorter the period of excitement when they first enter the hospital, the greater the excitement I expect when the relapse occurs. That has been my experience. We have a great many of that class of cases—so many as to make me exceedingly careful in venturing a statement to the friends as to the probable result of a patient's case, based upon the remission of the disease.

DR. BUTTOLPH: In our institution we are fortunately quite free from the application of friends for premature discharges. Our regulations require an arrangement for the support of the patient for six months. In that period we are able to determine a case satisfactorily, not only to ourselves, but to the friends of the patient. And in the case of patients supported by a public charge, they are sent to us upon the order of a judge for a trial of three months, if not sooner cured; hence, we have no trouble with that class of cases. The mistakes resulting from premature discharges arise more in the way mentioned by Dr. McFarland—the great pressure of applications for new admissions, which compels us to discharge some patients nearly recovered, to make room for new applicants. I think that beside the difficulties mentioned, my difficulties have arisen as often as otherwise from a want of a knowledge of the mental constitution of the patient. The patient comes into the institution a stranger. In a great many instances, with the imperfect history generally obtained, it is difficult for a stranger to his characteristics to decide when he is in a

natural or normal state. There are little peculiarities of manner and of expression—ways of talking, too loud or too low—movements too quick or too slow—and in a great many instances I request an interview with friends and the patient, to assist me in judging whether a patient has regained his natural state. In some instances, by pursuing this course, I have received very valuable suggestions and assistance. Sometimes I recommend their continuance, where they have not regained their natural manner, yet have so far changed as to make it impossible for me to judge whether they have or not. The reference by Dr. Bancroft to a case of delay in recovery, recalls a case in my own experience, of a young woman, of about twenty years, whose disease was dementia. She was indifferent to personal acquaintances, manifesting no interest in anybody, conversing but very little, and answering in a very languid manner. This state grew worse for two years, and for two years and a half I had no expectation of her recovery; yet, within three years, she recovered entirely. From that extreme depression of mind, she gradually rallied, and within six months had entirely recovered. She was soon after married; has since had several children, and is well to this day.

DR. NICHOLS: I experience the same difficulty which Dr. Buttolph has mentioned, from a want of knowledge of the normal character and habits of patients, in, perhaps, an exceptional and remarkable degree, inasmuch as many of my patients come to me without my being able to obtain any knowledge of the duration of their disease, its character, and sometimes even the right name of the patient. I find one difficulty in keeping patients for a sufficient length of time in our hospital, not mentioned by Dr. Ray in his paper, and, so far as I have heard, not alluded to by any gentleman present in the remarks that have been made. It is a difficulty that grows out of the encouragement that the friends of patients receive from physicians in private practice in respect to the duration of the disease. That has annoyed me very much. I dare say that in communities in which institutions for the insane have longer existed—in which physicians have

more experience as to the management of insanity—that evil may not be as great. But it has been a source of very considerable annoyance to me. The friends of a private patient will come to make arrangements for his admission, and in giving an account of the case will oftener than otherwise begin by saying: “Doctor so and so, who has seen him, says that he only wants quiet for a few days, and he will be all right.” Now, Doctor so and so is the family physician, and in the treatment of general disease is undoubtedly entitled to their confidence; but he has it in respect to his professional opinions on all subjects, and they are not accustomed to make any exception, which fact to me is exceedingly embarrassing. When the superintendent expresses an opinion to the contrary, it so disappoints the hopes of friends as to give rise in their minds, as it has seemed to me in some instances, to unfair suspicions respecting your skill, if your experience has been such as you state, and so opposed to the hopes that they have entertained, based upon the statements of their family physicians. The query that passes through their minds, as it seems to me, is: “Do you treat your patients as skillfully, do you cure them as quickly, as they do in other institutions?” and then, again, it seems as if they ask: “Have you not some personal interest in advising a longer residence in the institution than is likely to be necessary?” Dr. Ray remarks, very justly, and the remark corresponds with my own experience, that, from one cause and another, patients are discharged after a too short residence in our hospitals for the insane. It is but just to remark here, in reference to my own practice, and particularly during the exceptional period of the rebellion, that a large proportion of the cases we get being soldiers, the majority are either suffering from acute and severe bodily disease, or are very much broken down. It is a question often whether they are really insane, or whether it is not the delirium of exhaustion and low forms of disease. That is a question that at the moment it is unnecessary for us to decide, as they evidently need our care. But such persons either begin to recover under proper rest, generous diet, tonics and careful nursing, and recover rapidly, or else they die

soon; and the consequence is, that if a report of the duration of the residence of our patients during the war were made, it would appear to be very short, as we not unfrequently discharge a patient after a residence of six weeks, and once in a while in a month, though not often. As Dr. Ray was reading his paper, a case occurred to me. It was the case of a soldier, who, after what appeared to be a light sunstroke, became intemperate, and had a slight paralysis of one side of his face, and he became violently insane, and was sent to the hospital under my charge. He had been with us for nearly two years. During the last six months, he appeared to be perfectly well. He was a quiet man—interested in the welfare of the institution, and he made it his particular business to look after the boats we had, to see that they were carefully moored, in case of a storm. I at last recommended his discharge, and in due course received an order for his discharge. As he had been intemperate for a short time prior to his admission to the hospital, it occurred to me that it would be proper to give him some admonition on that subject, as he was about to leave. It so happened that I encountered him on the grounds of the hospital the morning he was to leave. I mentioned to him that he was about to leave, and said I, “Now, you have been perfectly well for some time; you seem to be an excellent fellow, and it would be a great pity for you to break down and lose your health. I want to tell you that if you abstain from the use of whisky, I shall have great confidence that you will remain perfectly well; if you do not, you will not; you will break down. I want you to think of that, and let it alone.” He thanked me for my advice, and said: “I shall be back again in a few days and see you.” Said I: “I thought you were going to Portsmouth, Virginia, where you have money, and then to England. What is your view in coming back here?” Said he: “I am coming back to take charge, you know, of this building, as it belongs to me.” I went into the house and countermanded the arrangement by which he was to be taken to town, and he remains with me still. Though he has not “taken charge,” he is a very efficient man in looking after the boats and things of that sort. Now, there was

a man who appeared just as well, in view of his education and habits of mind, as any man in the place for at least six months, and yet that delusion had existed in his mind all the time. But he was a modest fellow, and did not venture to express it. Under the confidence, however, of being at the next moment his own man, and the elation of feeling he experienced, and under the nervous excitement in view of the change that was about to take place, this expression was evolved.

DR. MCFARLAND: I would like to ask the question, if the man had committed a homicide before he was discharged, what form of insanity would it be called?

DR. NICHOLS: I hardly know. I should certainly have been disposed to believe that the man had committed the homicide under some delusion or some insane impulse, from the fact that he had been insane some considerable length of time. But, of course, my opinion would have been governed very much by the circumstances of the homicide itself. But I should have suspected that it was in consequence of his insanity.

THE PRESIDENT: What proof would you have given of his being insane—not simply that he had been?

DR. NICHOLS: No; I would not have pronounced him insane simply because he had been; and if there were no other evidence of his insanity, I should have felt obliged to have denied him the advantage—if advantage it might have been—of the plea of insanity. We all know very well that our opinion in respect to the insanity of a person committing a crime, is formed from a variety of coincidences, which oftentimes are circumstantial; and the place and the force that we will allow any one circumstance to have in determining our opinion, depends upon the proof of the alleged circumstance, upon the concurrence with a supposed form of disease, or supposed existence of disease, and upon its consistency with the circumstances alleged to exist.

DR. LANGDON: I would ask you, under what form of insan-

ity you would class his act, under the circumstances, admitting it to have been an insane act?

DR. MCFARLAND: I would ask if the man, that morning, under some little provocation, had committed a homicide, whether Dr. Nichols would not have felt authorized to presume, what was the fact, that the man had a delusion, perhaps from the time that some individual had controverted his idea of his possession of the property, and the homicide had followed?

DR. NICHOLS: You mean that the homicide had taken place before he told me that he owned the institution?

DR. MCFARLAND: Yes. Would you not have cast about for some supposed delusion?

DR. NICHOLS: I should, undoubtedly, but I should not have testified to the existence of a delusion in that case, unless I could have found the probable evidence of it. Although the queries put to me relate to the particular case I have described, I regard such queries very much in the same light as I do the uniform query that lawyers are in the habit of putting to experts, having supposed a case, which has some of the features of the one on trial: "What is your opinion about that?" That, I conceive, is always unfair. I conceive that the expert is never under obligation to answer such a question. I have always denied my obligation to do so, and have succeeded in maintaining my position. In regard to the query of Dr. Langdon, as to what form of insanity this man labored under when he committed the supposed homicide: that would depend entirely upon the circumstances developed. The circumstances that would lead me to determine that the man was insane at all, would probably lead me to determine what was the form of the disease. Inasmuch as I have no circumstances before me, I can not answer the question.

It occurs to me here to ask the attention of members of the Association to the fear expressed by Dr. McFarland that, in a certain class of cases, relapses into insanity might be occa-

sioned by a protracted retention or residence in a hospital for the insane. I was struck with his expression of that fear; my own experience, I may mention, has led me to think that there is no ground for such apprehension. I suppose that it has occurred to us that apprehension has been expressed that the patient would become insane again, if kept too long in the hospital; that the unpleasant associations and disappointment would occasion a relapse. It has never occurred in my experience that those apprehensions were justified. I have never seen in the class of cases to which Dr. McFarland refers, any case where I suppose a relapse was caused by a too protracted detention in the hospital. It is a very interesting question, and I had hoped that it would have been considered by those who have remarked upon the paper of Dr. Ray.

DR. WORKMAN: I wish to ask in regard to the partial paralysis of the face in the case referred to by Dr. Nichols, whether it still exists?

DR. NICHOLS: It is hardly distinguishable now.

DR. WORKMAN: In what form did the paralysis present itself?

DR. NICHOLS: It was a drawing out of the mouth.

DR. WORKMAN: I was forcibly struck, in going up Broadway, with the physiognomical fact: there was a paralysis of one side of the face of nearly every man I met. I observed that nearly every man had a cigar in his mouth, and I am satisfied that it is tending to produce an extension of the mouth to one side. I thought, perhaps, that Dr. Nichols had not attached much importance to the facial peculiarity of his patient. I was also struck by the remark that physicians often predict the recovery of a patient in a week or ten days. It is a very common fact in cases of paralysis. I think it is incumbent upon us to disabuse the minds of the friends of the patient upon this point at the outset.

DR. RAY: The question put by Dr. Ranney, if I have understood it correctly, has not been distinctly answered as

it should be, because it is of some practical interest in the matter of statistics; it is whether a recurrence of disease, a short time after discharge, is to be called a relapse or recurrence—for I suppose it amounts to that. If it is a relapse, it goes for nothing, but if it is to be called a recurrence, then without reference to time, it is to be regarded as a discharge and recovery, and he then comes back, and the same man may be discharged recovered a half-dozen times a year. I do not think practically there is any difficulty in the matter. We all understand what a relapse is, after a certain length of time, and what a recovery is. If a recurrence takes place in three or four days, I presume nobody would call the case a recovery. But if it occurred within three or four years, or a half-dozen months, it may be fairly called a recurrence of the disease—that the man had got well and had then had another attack. I do not see any practical use in troubling ourselves about the exact time when, if a recurrence takes place, it shall be considered a relapse, or the exact time when it shall be considered a recurrence, unless it is a matter of necessity, in making up statistics.

A side issue has been raised here, growing out of the issue which was debated yesterday, about which I would like to say a few words. Suppose that the patient, whose history has been given by Dr. Nichols, had committed a homicide before that revelation was made, would you have considered him sane or insane? That is the question. Remember, I do not indorse the scientific accuracy of the general question, because the very fact of the homicide implies a great many other things which you should take into consideration, before you pronounced upon the sanity or insanity of the person. Still, I am willing to put that hypothetical case, and admit that the homicide was committed before this revelation was made, and admitting that he had not discovered any impairment of mind, one way or the other, and you can not fix upon any, what is to be your reply? My reply would be, to tell the truth—that is the best way—and say that, so far as I could see, there is no aberration, moral or intellectual; if there is anything, it has escaped my observation and my pen-

etration. The fact that he has been insane for so long a time, even if it was followed by a pretty distant convalescence, gives fair ground of suspicion that he may have been moved by an insane idea in committing the homicide, and it would be a reason why the trial should be postponed, or certainly the sentence be delayed, or some other step taken, in order to remove all reasonable apprehension. I do not see that the expert is bound to say that the man could not possibly be insane, or to force himself into the belief that there was insanity, though he did not see it, to avoid the practical difficulty which is suggested.

DR. NICHOLS: I would like to ask Dr. Ranney, before we proceed to any other business—he having had so long an experience in the treatment of persons of different nationalities—whether he has observed, in his institution, any tendency to relapse which he has supposed was occasioned by disappointment in not being released, by an idea of confinement and by the unpleasant surroundings of the institution, after he had considered the patient well? It strikes me as an interesting inquiry, and as it has been raised by a gentleman of such large experience, and such accuracy of observation, as Dr. McFarland, I should like to hear it discussed by others, because of its practical character. We should not avoid it, because if that apprehension really exists, it is like placing ourselves between two fears, for we shall then have the fear of keeping our patients too long, as well as too short a time.

DR. MCFARLAND: I would like to qualify my remarks, and have the Association get my meaning. The cases in which I have suspected the fact to exist, are not cases where a relapse would be caused by disappointment, by regret, restiveness, and irritability; but in cases of a sluggish and inactive class of minds found in the lower walks of some nationalities. Now, I think I have observed among some of these people that they recover to a certain point, and then get no better, but remain there, and by and by get worse and never get back again. In repeated instances—so many indeed as to attract my attention—where I have thought them not well

enough to be discharged, but where they either have been taken out or have ran away, they have gone to their homes and got well, and where, if they had remained, they would probably have gone down again.

DR. RANNEY: I am unable to give any very definite opinion as to the point proposed by Dr. McFarland. Our numbers are large, and the number of our admissions very great in the course of a year, and it becomes necessary for me to discharge all the patients I can, on account of our limited accommodations. I have, however, never regarded a hospital for the insane as a place for retaining those patients who have recovered. When I think a patient has recovered, I feel it my duty to allow him to go at large. Probably this has been the more strongly impressed upon me from the fact of our limited accommodations. At the same time, I have seen a number of instances where the friends of patients have insisted upon their removal, even where there were doubts in my own mind as to the propriety of their removal, and the result has been that the patient on being taken home has done well—even where there were some evidences of insanity at the time of their leaving the asylum.

DR. LANGDON: I would like to ask Dr. Ray a question, which seems to me to be a practical one, as to the legal responsibility of a superintendent in a case where he should retain a patient whom he regarded as cured for two or three months, and the patient, after being discharged, should sue for damages for false imprisonment? Dr. Nichols has given a case in which he retained a patient for six months after he regarded him as well. Suppose the event had proven that the man was perfectly well, and he had brought a suit against Dr. Nichols for false imprisonment?

DR. RANNEY: In that state of the case, I think the person has a remedy. He can get out a writ of *habeas corpus* at any time, if the friends of the patient are not satisfied as to his condition. A writ can be issued returnable forthwith, and the patient brought before the judge to determine the matter.

DR. LANGDON: I am glad to hear that, for the writ of *habeas corpus* is *suspended* in our State.

DR. RAY: I can hardly conceive of a case where the question would be a practical one. If a man should be foolish enough to sue—inasmuch as his friends would have frequent access to him, and his detention would probably be with their concurrence—the proof would be that he was detained as a matter of prudence, for the patient's own safety, because a long season of probation would be better than to risk a relapse from a premature discharge. I think that the friends of the patient, having cognizance of this, would save the physician from any injustice; if not, the common sense of a jury would lead them to understand that there must be a season of probation before a patient should be allowed to go, even though he had come to himself; that something more is necessary than the mere restoration of a man to his apparent senses; that a man must recover from an attack of insanity as from any disease. It would be wrong for a physician to say that a man who had recovered from a fit of sickness, might at once go out and expose himself to a north-east wind. The physician would say: "You must stay in a few days." I think the analogy between the two cases would be apparent to a jury, and no verdict against a superintendent would follow for pursuing a course so judicious and prudent.

DR. WORKMAN: I doubt very much if all juries have that amount of common sense. A case in point recently occurred in my experience, which would be designated by some authors as a case of moral insanity. The man had been a barrister. I may state here, that I am honored by frequent visits of grand juries, and I remember of having on one occasion three different grand juries in the institution at once. On one of these occasions, when a grand jury was visiting the institution, the patient referred to drew one of the jury aside and made a presentment, occupying twenty-six foolscap pages. I heard no more about it, and the jury gave me no information as to their having such a paper. The judge, however, sent for me. He did not ask me to give any official report,

but to give a sufficient reply to indicate that he had attended to the matter. I said that I was glad that he had not imposed upon me the necessity of reading the document, as I had already seen enough of the patient's peculiarities in that direction. One of the charges he had made was that the inmates of the institution had been fed upon horse flesh. The grand jury had presented this document without reading it. I met one of the jurymen subsequently, and asked him if he was aware that he made a presentment against himself. He asked, "How?" I said that the paper which he had received from the patient charged me with feeding the patients on horse flesh—and as he was the one who furnished the meat, I felt anxious to know whether he had been imposing upon me. He promised me that he would never present a paper again without reading it. Now, if this was a type of the discretion generally shown by a grand jury, what may we expect from the common sense of a petit jury?

The paper of Dr. Ray was, on motion, laid on the table.

On motion of Dr. Walker, it was,

Resolved, That the President appoint a Committee of one member from each State, to report to the next meeting of this Association the laws of his State relating to insanity, including the admission and commitment of the insane to hospitals and their discharge therefrom, the appointment of guardians and the serving of legal processes, and that these reports be made to the Chairman of the Committee within three months.

The President appointed on this Committee Dr. Ray, of Rhode Island, Chairman; Dr. Harlow, of Maine; Dr. Bancroft, of New Hampshire; Dr. Rockwell, of Vermont; Dr. Jarvis, of Massachusetts; Dr. Butler, of Connecticut; Dr. Gray, of New York; Dr. Buttolph, of New Jersey; Dr. Curwen, of Pennsylvania; Dr. Fonerden, of Maryland; Dr. Nichols, of the District of Columbia; Dr. Gundry, of Ohio; Dr. Woodburn, of Indiana; Dr. McFarland, of Illinois; Dr. Van Deusen, of Michigan; Dr. Clement, of Wisconsin; Dr. Patterson, of Iowa; Dr. Smith, of Missouri; Dr. Chipley, of Kentucky; Dr. Jones, of Tennessee; and Dr. Workman, of Canada and the British Provinces.

Dr. Patterson, after a brief notice of the services and ability of Dr. R. C. Hopkins, offered the following resolution, which was unanimously adopted :

Resolved, That in the death of Dr. R. C. Hopkins, late Superintendent of the Northern Ohio Lunatic Asylum, our specialty has lost a diligent laborer and friend, and the community in which he lived a gentleman who was true and faithful in all the relations of life.

On motion, adjourned to 3 P. M.

WEDNESDAY, May 20, 1863.

AFTERNOON SESSION.

The Association was called to order at 3 P. M., by Dr. Kirkbride, President.

On motion of Dr. Tyler, seconded by Dr. Ray, it was unanimously,

Resolved, That we have heard with deep regret of the death of Drs. Morrin and Fremont, of Quebec, members of this Association, and are desirous to place on record our sense of their great personal and professional worth, and of the great loss which we have sustained by their removal from our counsels.

There being no business before the Association, the following discussion took place :

DR. TYLER: I have a group of cases of which I would like to speak, and I take this time, when there are but few members present, so that the more important time of the Association may be occupied with papers which are to be read. The first case which I received of the kind seemed peculiar in this respect; but my attention was not directed to that as a class, and, perhaps, need not now be assumed as a class of disorders, but certainly in calling them as a class they have a striking peculiarity. We all know that it is a common thing for patients in mania to have a propensity to puddle in water, and get to the sink and turn a faucet on, and to visit the water-closet and attempt to get in the water. I do not mean an irregular propensity to puddle in water, to apply to cases of

which I speak. The cases consisted of six: two were boys, four were girls—the first was a young lady of sixteen years of age. At about fourteen, she was away at boarding school, and, while there, there was a marked change in her character. She began to tease her room-mate, and at length, from simply making herself annoying, she began to make so much trouble that her mother had to take her from school. Then she had the same propensity at home of annoying every female member of the family, and to some extent her brother and the male members. But the object of her annoyance seemed to be more her mother, and that was characteristic of all the cases that followed. Combined with this was the tendency not only to get her hands into the water and to wash herself, but wash everything that she came in contact with. The idea would sometimes crop out that nothing was clean, and at other times it seemed to be a simple propensity to wash—to wash the chair she sat in—to wash the bed before she would get into it at night. She was brought to the McLean Asylum, and after a time the propensity to wash seemed to diminish, but not entirely so, and has not as yet. The same propensity which she had at home to annoy her friends, in a little while broke out against the different patients, and particularly against the assistants. At length, that case passed into an ordinary acute mania of an active type—vociferation—disregard of proprieties in language, manner and dress, and all the accompaniments of mania. After one fit of mania, the same old propensity returned, and with periodical exacerbations, has been gradually fading out, until the girl after four or five years residence at the asylum, is now nearly well, with a mind somewhat demented.

The second case was somewhat the same, and was also the case of a young woman, sixteen years of age. Two years before, about the time of puberty, she manifested this identical propensity, so much so that the description of one case would be that of the other, with this addition, that in the second case the girl felt the necessity of going and doing certain things before she could leave her room and go into

another one. There was an especial bitter hatred against her mother, and a very marked mischief-making propensity. She manifested this tendency to wash everything, and if things would not come to a state of cleanliness by washing, she would put them into the fire; added to this, she would go to the mantel-piece, and touch it a certain number of times, before she would leave the room, and make certain motions of that kind. These things she always tried to do without attracting the attention of the people about her, and they were alluded to as her queer ways. After a residence of about eleven months in the asylum, she recovered from the propensity to wash, as these morbid feelings passed away.

The third case also began in puberty, with essentially the same peculiarity, only modified by the individuality of the person. She remained in our house three years or more, and is now under Dr. Butler's care, and he says she is somewhat improved. She improved considerably during the time she was with us, from the date of her entrance. The next case was one of a boy of eleven years of age; he had been as the others had been, a child fond of his parents, but at a certain time he began to think there was nothing clean. He was at boarding school, and while there began to wash the chairs, and everything about him: he was unwilling to be dressed because his clothes were not clean; he was unwilling to go to bed because the bed was not clean;—he would fall into a terrible passion without cause at his mother, though he showed, however, but very little temper to his father. The boy was not at our asylum. I saw him alone, and I put the little fellow on my knee. I asked him if he felt different from what he used towards his mother after I had been telling him stories and getting his confidence. He told me he did feel different from what he used to; said he, "I do not get mad as I used to; I cannot help it now; I wish I could help treating my mother so." This went on for a number of months, when he had a sort of hysteric fit, as was described by the physician, from which he came out fully recovered.

The other remaining case was that of a boy about thirteen years of age, whose history is so similar to that of the others, as to require no additional description. He recovered entirely, with a marked diminution of those unfortunate symptoms. I should like to ask the members of the Association, whether cases of that kind, where the chief characteristics of the disorder have been the meddling in water, and the idea of uncleanness, and the moral perversion exhibited towards nearest friends without any of the ordinary delusions of mania.

THE PRESIDENT: I think I have seen exactly such cases as those which Dr. Tyler has referred to.

DR. RAY: I think I never saw such a case, where the symptom was so prominent as to constitute the chief incident in the case. The sense of uncleanness, and a necessity of washing and scrubbing everything, is in my experience not an uncommon trait in the initiatory stage of the disease. I do not know that I have ever met with it, associated with moral perversion, in the way described in these cases. So far as I can recollect, it was rather an incident of common mania. I can only call to mind two instances where that seemed to be the first trait observed—the propensity to wash and clean. The patient occupied nearly all her time in scrubbing or washing and changing her clothes, even if they were clean ones.

DR. TYLER: There are a great many cases of that kind where it is combined with a greater scope of mental difficulty; but these cases arose, all of them, about the time of puberty, and in all cases these traits were prominent; it struck me as very peculiar.

DR. LANGDON: I have one case precisely similar to the one related. It was a case of a young man of about seventeen years of age when he came to the asylum. The history of his case, which his father gave me, was that he would get up in the night even, and during the day, and commence scrubbing the tables, washing out the dish-clothes and towels, and

many things that it was not a custom to wash at all. He would continue in this way for some time, but always behaving well when his father was by, though he was irritable and petulant with his mother. She at length became fearful of her life; he would threaten her, and at last they sent him to the asylum. He was there nearly a year. I let him out at one time during the period of his residence at the hospital, and he went home. For the first two or three weeks he continued well, apparently. Whilst he was in the hospital, he was not troubled in the way I have mentioned, but when he got home, he commenced it again, and was returned to the hospital, where he remained four months, and then went out perfectly well, and since then nothing of the kind has occurred, though he has been at home two years, and he is now studying medicine. I never saw anything in the case indicating general mania.

DR. TYLER: I should like briefly to state another case, which, if such an one has occurred, I have failed to find it reported in any of our medical periodicals in this country. A young man, who had been in the army, was brought to our house, and when he arrived was hardly able to walk from the carriage. As he was taken out, I walked by his side, and I noticed his peculiar tremulousness, and was led to ask if he had been drinking and had had the delirium tremens. His friends said not—that he was a temperate man. In getting the history of the case afterwards, which was not at all a full one, I found that he had never drank to their knowledge. All his symptoms were so much like those of delirium tremens in the exhaustive stage, that I thought it must be that he had been drinking in the army without the knowledge of his friends. After being put to bed, he would once in a while rise up and start like a person in delirium tremens. This tremor existed a part of the time, and then subsided. He feared to take his food, and apparently shrank away from it. He was obliged to be fed. His pulse was slow for such a case; not over eighty at any time. Although his skin was damp and cold, there was no increase of pulse. After a few days he took his food regularly. Once in a while he would

start up and look out of the window and say, "I see some one out there—run—pull her out." I asked what he saw. He said, "A woman sliding in the water." I told him we would take her out. He would then lie down satisfied, but some other delusion would take place. I asked his physician the fact whether he had been drinking, and he told me that he was a thoroughly temperate man. His history was this: He had been a painter, and had had several severe turns of lead colic, in the last of which he had been slightly delirious. He then left his business and went into the army. I believe he belonged to a band of one of the regiments. Upon coming home the band was dismissed, and he resumed his trade of painting. He grew weak and tremulous, and then delirious, and soon after was brought to our house in the condition described. The only record I have found of anything like that (and I have searched as much as I possibly could) are some cases reported by Tanqueral, who describes the disease as "lead encephalopathy," and he describes the disease as a cross between ordinary mania and delirium tremens. I would like to know whether our brethren have ever seen any such cases. If they have, whether any treatment outside of that which would go to neutralize any lead existing in the system?

DR. RAY: Do you say that that form of affection is referred to?

DR. TYLER: Yes, sir; Tanqueral says he has seen some seventy cases. He makes the most formidable division of diseases into mild delirium, apoplectic delirium, epileptic delirium, and all that sort of thing.

DR. RAY: I have never met with such a case.

THE PRESIDENT: Nor I. Is the case under treatment still?

DR. TYLER: Yes, sir; he is slowly improving.

Dr. Workman then read a paper on "Intestinal Disorders in Insanity," accompanied by notices of numerous autopsies, followed by a full expression of opinion by the members.

Dr. Brown read an account of his visit to the meeting of

the British Association of Superintendents of Institutions for the Insane, to which he was accredited in 1862 as a delegate from this Association.

Dr. Nichols, on behalf of the Committee to fix the time and place of the next meeting, reported that they would recommend Washington, D. C., on the second Tuesday of May, 1864, which was unanimously adopted.

On motion, the Association adjourned to 9 A. M., on Friday, May 22d.

THURSDAY, May 21, 1863.

The Association spent the day in visiting several of the Institutions for the Insane around the city. Starting from the hotel early in the morning, they first proceeded to Sanford Hall, Flushing, where, under the guidance of Dr. Barstow, they examined the commodious arrangements and beautifully ornamented grounds of that Institution, and after partaking of a sumptuous collation, returned to Hunter's Point, where they took barges and visited the Lunatic Asylum on Blackwell's Island, reflecting so highly on the excellent management of Dr. Ranney. Afterwards they proceeded to Bloomingdale Asylum, and under the conduct of Dr. Brown examined the arrangements of that excellent institution, partook of a bountiful entertainment, and returned early in the evening to the hotel.

FRIDAY MORNING, May 22, 1863.

The Association was called to order at 10 A. M., by the President, Dr. Kirkbride. The minutes of the last meeting were read and approved.

The Secretary read letters from Drs. Worthington and De Wolf, expressing regret at their inability to attend this meeting of the Association.

Dr. McFarland called the attention of the Association to the necessity of preserving the reports of the different institutions, and suggested the propriety of having an edition of the reports of the various institutions printed, together with their complete history.

Dr. Tyler, from the Committee on Resolutions, reported the following, which were unanimously adopted :

Resolved, That our hearty thanks are due and given to Mrs. Macdonald and Dr. Barstow of Sanford Hall, to Dr. Ranney of Blackwell's Island Lunatic Asylum, and to Dr. Brown of Bloomingdale Asylum, for the cordial welcome and abundant and gratifying attentions extended to us while visiting their institutions, and that we cannot forbear an expression of the satisfaction felt in witnessing the rare and well-chosen means so abundantly afforded in each of those establishments for the care and cure of the insane.

Resolved, That our thanks are extended to Dr. Chapin and the Superintendent of the Poor of Kings county for an invitation to visit their institution, and our regret that our limited time prevented our compliance therewith.

Resolved, That our thanks are tendered to S. Draper, Esq., President of the Commissioners of Public Charities and Correction, for the invitation to visit the different institutions under their charge.

Resolved, That our thanks be given to the Messrs. Leland of the Metropolitan Hotel, for their courtesy in gratuitously furnishing rooms for the meeting of the Association.

Dr. Brown read to the Association an account of different institutions for the insane in Europe, visited during his trips in 1862, and contained in his report to the Trustees of the Shephard Asylum, near Baltimore, Maryland, which was followed by an interesting conversation on the part of the members, on general subjects of hospital management.

On motion, the Association adjourned to meet in Washington, D. C., on the second Tuesday of May, 1864.

SUMMARY.

THE WILL.—The will, or volition, is not a separate faculty; it is the mind in action, under the excitement of our appetites, passions, and affections. According to Reid, it is "the determination of the mind to do, or not to do, something which we conceive to be in our power." Morell says: "An act of the will embodies the effort of the whole man, implying, at the same time, intelligence, feeling, and force; physiologically speaking, this state of mind will stand in correlation with the

total affection of the nervous system. We regard it as an expression of the totality of our organic power, the whole governing the parts, and directing the fulfilment of one purpose." But there may be a perverted application of the will, as under the incitement of the delusions and impulses of insanity, or as in an hysterical girl who wills to lie in bed or on the sofa, under the delusion that she cannot use her limbs. Supply a motive, an incitement, religious or other, more powerful than the delusion, and she wills to get up and walk. In the same way a man may choose to will that which is wrong rather than that which is right. "Our bodies are our gardens, to the which our wills are gardeners, so that if we will plant nettles or sow lettuce, set hyssop and weed up thyme, supply it with one gender of weeds, or distract it with many; either to have it sterile with idleness, or manured with industry; why the power and corrigible authority of this lies in our wills."—*Medical Times and Gazette*.

PRIZE QUESTION ON INSANITY.—M. André has placed a prize of one thousand francs at the disposal of the Medico-Psychological Society of Paris for the best essay on Moral Insanity, (*manie raisonnée*.) The essays must be forwarded to Dr. Brochin, Secretary of the Society, 7 Boulevard Sébastopol, before December 31, 1863.

COMMITTEE ON INSANITY.—At the recent Convention of the American Medical Association, the following gentlemen were appointed the *Committee on Insanity*: Drs. Ralph Hills, Ohio; C. H. Nichols, District of Columbia; D. P. Bissell, New York; S. W. Butler, Pennsylvania; John S. Butler, Connecticut.

MISSOURI STATE LUNATIC ASYLUM.—We are happy to learn by a letter from the Superintendent, Dr. T. R. H. Smith, that this institution which has been closed since the commencement of the war, is now reöpened.

DIED.—Dr. R. C. Hopkins, for several years Superintendent of the Northern Ohio Lunatic Asylum.

Dr. Joseph Morrin and Dr. C. Fremont, late physicians to the Lower Canada Lunatic Asylum, Quebec.

We regret also to announce the death of Dr. John Watson, an eminent surgeon and writer, of New York. Dr. W. devoted much attention to the study of insanity, and his medical opinion in the Parish Will Case attests the high order of his attainments in this branch of medicine.

AMERICAN JOURNAL OF INSANITY.

Vol. XX.

UTICA, OCTOBER, 1863.

No. 2.

THE ANGELL WILL CASE.

BY DR. I. RAY,

OF THE BUTLER HOSPITAL, PROVIDENCE, R. I.

To the medical jurist, no class of cases can be more interesting than that of wills involving questions of mental condition. In the litigation of a will, a wider range of inquiry is opened, a larger variety of relations is exposed, than is permitted or required in that of a crime or a contract. The investigation may extend over a life-time, and be pushed into the inmost recesses of the inner life. In no class of cases is there more needed a familiar acquaintance with the operations of the mind, sound as well as unsound, in order to reconcile seeming discrepancies of testimony, an extensive observation, to show the full significance of many a trait, and the tact, springing from long experience and sagacity, that can enable one to appreciate the nicer affections of mental competence that result from cerebral disturbance. In the following account of a will-case recently tried in this city, the psychologist will see a curious exhibition of mental obliquities, extending over the greater part of a long life, the jurist will see some old principles under new phases, and the general reader will be struck by many an incident which give the narrative an air of the strange and marvellous.

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In the year 1780, Joseph Angell was married to Desire Hopkins, daughter of that Commodore Hopkins who, in the Revolutionary war, dealt the first successful blow at the enemy on the water. The match was not a happy one. The husband proved improvident and dissipated, left his family, some seven or eight years after the marriage, and went to Maryland, where he engaged in teaching school. Their only child was a daughter, Eliza, the testatrix in this case, born in 1783. In 1790, the deserted wife, receiving neither aid nor comfort from her spouse, obtained a divorce, and in 1793 married Samuel Leonard, a prosperous widower, residing in Taunton, Mass., with three children by a former wife. By the last marriage there were two children, both of whom survived to adult age, Samuel and John B. The advent of the bride and her child into the family of her second husband, was not followed by the utmost harmony, and some hard feeling existed between the Angells and Leonards from the beginning to the end. In 1807, Mr. L. died, and in 1820 the widow with her own children moved back to this city. Two years afterwards, they came in possession of the Commodore Hopkins estate in North Providence, and there they resided ever after. In 1834, Samuel died; in 1843, the mother; in March, 1853, John; and on the 12th of October, 1860, the testatrix.

In 1846, both John and his sister made their wills, in which they bequeathed their property to each other. After the death of John, she was in possession of two considerable estates, one in Taunton, derived from her step-father, consisting of stores, and some land eligible for building in the outskirts of the town; and one in North Providence, consisting of the old homestead, a few tenements, a mill-privilege, and some 230 acres of unoccupied land, mostly suitable for building-lots. The former estate was taxed, when her will was made, at \$30,000, and the latter at \$75,000.

On the 25th of April, 1854, this lady executed her will, the validity of which is now contested. In this will she gives an annuity of \$100 to one of her poor relations, who died before her; an annuity of \$600 to a cousin residing in South Caro-

lina, and when she dies, an annuity of \$300 to each of her daughters while they remain single ; some gold watches which had belonged to her step-father, and a few other personal effects, such as pistols, rings, sleeve-buttons, to his grandchildren ; and directs her executor to appropriate to each of her step-father's two sons as much as he may deem necessary to make them comfortable, the amount not to exceed \$40 per month. In no other particular does she recognize the existence of relations. She gives to the town of North Providence a lot for a town-house, with certain conditions, which the town did not choose to accept. With these exceptions, all her property is given, in trust, to Rev. Dr. Wayland, late President of Brown University, Rev. Dr. Caswell, Professor in the same, and Rev. Dr. Granger, then minister of the First Baptist Church, and their successors, to be devoted by them to the erection of two Baptist Churches with parsonages attached, and the support of a minister in each. One is to be on her estate in Taunton, the other on her estate in North Providence, both " to be built of stone of suitable dimensions," in " a plain and substantial manner." In order to build and support the former church, she devotes one of the Taunton estates, called the Barney farm, to be let, mortgaged or sold, as the Trustees may deem best. To build and support the latter, she devotes all the rest of her property, after all charges upon the estate are paid. If the " rents, profits and proceeds," thereof " are not sufficient within a reasonable time to pay for the building of said last-mentioned church and parsonage," then the Trustees are directed to sell as much of her Taunton estate as may be necessary for this purpose. In no event, however, is any of the North Providence property to be sold. These objects being accomplished, the Trustees are directed to divide the residue of the " rents, income and profits " into three equal parts, one to be appropriated by them to " the support and education of the children, male and female, of orthodox Baptist ministers," one to " the support and education of the children, male and female, of orthodox Baptist missionaries," and the other to " the support and education of young men who are candidates for and intend to become min-

isters of the orthodox Baptist Church." The Trustees are to appoint their successors, and to appropriate from the funds of the estate "a reasonable compensation for their services."

On the 9th of July, 1855, she executed a codicil in which she bequeaths to the American Colonization Society "all estates and property of every kind and nature whatsoever, which may come to me directly by descent or devise from my father, Joseph Angell deceased, whether the same be situated in the State of Virginia or elsewhere."

This will was admitted to probate by the Probate Court, from which decision the heirs-at-law appealed to the Supreme Judicial Court. The case was tried in April, 1862, but the jury did not agree. The second trial in November next, was followed by the same result, but on the third, in May of the present year, the jury returned a verdict setting aside the will on the ground of insanity. The trials were all of unprecedented length, the longest occupying five weeks. In the matter of evidence, the trials were but a repetition of each other—certainly, in every essential point—and therefore, in making up this account, there seemed to be no impropriety in using the evidence, without referring precisely to the trial in which it appeared.

The first trial was before Chief Justice Ames; the second, before Mr. Justice Brayton; the last, before Mr. Justice Bullock. Counsel for the appellants, Blake, Mathewson, B. N. Lapham, C. M. Smith; for the appellees, Curry, C. I. Reed, of Taunton, W. H. Potter.

The testimony of the appellants disclosed many indications of mental disorder, the most prominent of which was the belief, without proof and against proof, that her father, who died within a few years after he left Providence, having married a widow supposed to be wealthy, a few months before his death, had left her a large estate, but of which her uncles, then living in Baltimore, had somehow got possession, and transmitted to their children. This belief she entertained during at least the last twenty years of her life. Against the children of these uncles—persons of the highest respectability, whom she

was in the habit of meeting frequently, and some of them familiarly—she made it a theme of bitter reproach, that they were living in ease and luxury on property that had been stolen from her. Whenever one of them showed a sign of prosperity, whether it was in building a block of stores, in putting children to school, or furnishing a house, she declared it was derived from her property. When one of them went South in the way of business, she declared it was for the purpose of visiting those plantations which rightfully belonged to her. All this she believed without a tittle of proof that her father left a single dollar behind him for her or anybody else. For a part of the time, at least, she had abundant proof that he died poor, and that the widow whom he married was almost as poor as he.

She also believed that her relations hated her, and had attempted, in various ways, to annoy and wrong her; and this belief she expressed to visitors, to servants, to chance acquaintances, and to her relations themselves, sometimes talking about it for hours together. No general expression can convey an adequate idea of the intensity of this feeling, and therefore we are obliged to refer particularly to statements made by witnesses, though these must be only a selection from a multitude like them. Several of her relations who were in habits of familiar intercourse with her for many years, declared that she frequently spoke of the wrongs and insults she had received from her relations. One, whose acquaintance with her was very intimate, said she was never with her an hour without hearing something from her on this subject. The same kind of discourse was held to other relatives, her charges of wrongdoing often being made against the parents, brothers or sisters, of the person she was addressing. A witness who rented a mill belonging to her brother, and who, in consequence, was in the habit of going to the house, and thus seeing her frequently, for seventeen years, said that the treatment she received from her relations was, from the beginning to the end, her constant theme, not even dropped on the evening when her brother was drawing his last breath in an adjacent room. A neighbor, whose acquaintance with her was still

longer, said she was always imputing bad designs to her relations, and he never knew her to speak otherwise. Another, an eminent lawyer, whose acquaintance with her was chiefly confined to several visits he made her, some for the purpose of inducing her to make an exchange of land, which would be for their mutual benefit, and some for the purpose of persuading her to join him in a gift of land (their estates being contiguous) to an orphan asylum, the friends of which were seeking a site, said she would constantly fly from the subject and talk against her relatives, so that he was unable to accomplish anything. To the switchman at the station near her house, and a mechanic who rented one of her tenements, the shameful treatment she received from her relatives was the burden of her story. The wrongs and wrongful designs which she imputed to them, were cheating her out of her property, treating her or her brother discourteously, and making various attempts upon her own and her mother's life by poisoning or shooting.

That she was treated improperly by the sons of her stepfather, is not impossible, and thus she may have had good reason for hating them very cordially. With this exception she seems to have been treated by her relations respectfully, honorably and courteously, and often with great forbearance. Her feelings towards the descendants of those uncles who defrauded her, as she believed, were attributable, of course, to this delusion, one part of which was that these descendants were enjoying what they knew to be the fruits of iniquity. Towards some others, her feelings must have sprung solely from morbid suspicion and distrust.

As might have been expected, these delusions, existing, as they did, for many years, were accompanied by various other mental manifestations which are frequently observed in the insane, and are more or less characteristic of insanity. The most prominent were suspicions, if not fixed belief, of wrongdoing or wrong-intending, on the part of those with whom she was conversant, or who had been connected with her affairs. So many instances of this feeling appeared in evi-

dence, that our limits oblige us to make a selection, and that very limited. She declared that she had never received in full her share of her paternal grandfather's estate, charging the executor of his will, Moses Brown, a man distinguished in his day, as she well knew, for uprightness—with fraudulent practices in the settlement of the estate; and this not only without proof, but against proof. She also declared that she never received her share of her maternal grandfather's estate. She always believed that her step-father had been grossly defrauded by his clerks—men who for many years afterwards, enjoyed an unsullied reputation in the very community where all the parties were well known—who had made fortunes out of the estate. One of her neighbors—a gentleman of the highest respectability—she charged with unfairness in running the line between their respective lots. A Bleachery Company who had hired land of her, she charged wrongfully with fencing in more land than they were entitled to, and with laying pipes to take water from her springs. So strongly had this last notion taken possession of her mind, that she directed her servants to dig down and cut off the pipes, where there was no indication of the ground having been disturbed for many years. When she saw the Railway people repairing the line fence, she would charge them with moving the fence in upon her land, and sometimes, even when they were at work on the track, and not on the fence at all. She told one witness that everybody wanted to rob her, except her milkman. In talking with another about a suitable person to manage her affairs, after her brother's death, she said she could trust nobody. At one period she was in the habit of locking her servants in their rooms at night. Once, on going to bed, she found a window open which she had directed a servant to close, and declared it was left open purposely to let in her relatives. She said the same respecting an outside door she once found open in the morning. Coming home late one evening she found her gate locked, according to her own direction, and afterwards recorded in her diary, her conviction that it was done purposely to annoy her. In her diary she writes, "my poor cat has been missing ever since last Tues-

day, killed *because my cat*, I suppose. She is all I had left of former days." She thought it strange that a certain one of her relatives, a young woman who frequently staid with her several days together, should express a desire to be rich, and said she felt afraid of her. During the latter years of her life, she manifested great distrust of her servants. She said they always wanted to rob her. Three of them stated that it was her practice to lock them up in their rooms over night. Having disagreed with the man who had taken charge of her place, and dissolved the connection, she sat up a part, if not the whole of the night before he went away, apprehending harm. When it was suggested to her that she should have a man sleeping in the house, she replied that she would feel safer alone. A witness stated that during a visit of a few weeks which she made her, it was her practice to close the shutters before the lamps were lighted. She stopped her paper, the *Christian Watchman*, the organ of the Baptists in New England, because they charged her fifty cents more than any other subscriber, and she pronounced it a cheating concern. Within a year or two of her death, a couple of ladies, one of them a distant connection of the family, called on her and were courteously received. The conversation having turned on her lonely situation, they asked if she was not afraid of being molested. She replied that she had nothing to tempt burglars, when they asked if she had none of the Leonard plate in the house. Her whole manner changed instantly, and she told them, with some warmth, that if they had no better purpose, in calling, than to try to find out how much plate she had they had better go along, as they did immediately.

Intimately connected with this spirit of suspicion and distrust, was a disposition to charge the people around her with stealing and injuring her property. Among others thus charged, was one extensively known and regarded as preëminently honest and just—a leading member and preacher of the Society of Friends. He had hired her place, and had much occasion, of course, to handle her property. Him she charged with stealing her asparagus, currant bushes, strawberry plants,

lilacs, loam, and some planks for firewood. Another, who had hired the place, she charged with stealing wood, tearing up the barn-floor, pushing down five or six rods of fence, and not feeding the cow. She also said he stole her key and filled the key-holes with sand. She charged the man who milked her cow with taking more than his share. Being unable to find some papers which had been in her possession, she declared they were stolen, though they were afterwards found in the hands of her lawyer, where she had placed them herself, or some one on her behalf. One of her poor relations, whom she was in the habit, for years, of sending for in all domestic straits, she charged with dishonesty. To one witness she declared she could keep no food in the house, because the servants stole it, and said that one of them stole her sheets and cut them up into night-clothes with an ax, on the barn-floor. Two of her servants testified that she charged them with stealing, and examined their clothes when they left. Her neighbors, she charged with stealing her chickens, and taking boards and shingles from her barn.

The idea of being poisoned seems to have been very familiar to her mind. She often stated that when they lived in Taunton, the children of her step-father by his first wife poisoned the well and the coffee, and placed on the window-sill and other parts of the house, a white powder, which she believed to be poison. She also charged them with attempting to get rid of their young half-brothers, (children of her mother,) by offering them hot punch, in which poison was put. John, she said, did not drink it, but Sam did, was very ill, and died in consequence, some twenty-five years afterwards. Among the witnesses were many relatives, and they all concurred in the statement that she never ate or drank in the houses of her relatives, and that when she accompanied them on excursions, she would never partake of the refreshments they carried with them. The reason she gave for it was, that she was afraid of being poisoned. The same apprehensions were manifested in regard to her house-servants, and the people whom she employed to manage her place. She refused to eat some

sweet corn which one of the latter sent her, saying she would eat nothing he might send in, adding that she once drank some cider he sent in, and was made sick by it. She suspected, if she did not really believe, that her well had been poisoned by the Quaker preacher, then living on the place. She was in the habit, at one time, of locking up her coffee-pot over night, for fear of her servants poisoning it at the instigation of her relatives. The same relative who frightened her by expressing a desire to be rich, she suspected of poisoning the food. A woman who had been employed by her as a servant for a little while, subsequently came to draw water from her well. She imbibed the notion that this woman came for the purpose of poisoning the water, and so strong was this belief, that within twenty hours of her death, when prostrated by a shock of paralysis, and unable to articulate, she wrote on a slate, "woman came to draw water," alluding to a statement she had previously made to the witness, that Mrs. P. had come to draw water and had poisoned the well.

Several instances of that kind of fancied insult so characteristic of the insane, appeared in evidence. She said that, one day, when approaching the house of her cousins, the Misses G., with whom she had been for some years on friendly terms, some one came to the window and shut the blinds. This she considered a deliberate insult, and never entered the house again for the rest of her life—nearly twenty-five years. Once the wife of another cousin grossly insulted her, she said, by a look—"such a look as she should not forget to the last day of her life." In both cases, the strongest disclaimers were made of any wish or thought to insult her, but without affecting her belief.

One instance, at least, was related of that disregard of moral propriety, not unfrequently observed in the insane, even those who, to the casual observer, still retain their sense of moral obligation. Once, a year or two before her death, she engaged a man to watch her grounds by night, and, when about proceeding to his duty, put into his hands two pistols, and charged him to shoot down the first person or beast that

came on the grounds—she would hold him harmless. He, of course, declined the duty.

Several instances were related of that common trait of insanity—the inability to appreciate the true relation between means and end. A witness, whose duties made him acquainted with the sick and destitute in her part of the town, was requested by her to bring such cases to her knowledge, that she might send them something. A suitable case occurring—that of a poor woman in the last stage of consumption, with a couple of children who could not attend the Sunday school for want of clothes—he told her of it, reminding her of the request she had made. On leaving, she handed him something wrapped up in a bit of rag, which was found to be five little pickled cucumbers. At another time she sent by her servant, four cold potatoes to a woman in consumption. Living in a district supposed to be rather lawless, she naturally thought of protecting herself by means of fire-arms, but instead of keeping a single reliable weapon within reach, as sane people would, she was in the habit, for several weeks at least, towards the close of her life, of sleeping with a six-barrel revolver under her pillow, two old pistols at the foot of the bed, another on a stand by the bedside—an arrangement far more likely to harm herself than any body else. And these pistols she insisted on having reloaded every four or five weeks, though assured by the gun-smith repeatedly, that it was unnecessary to have it done so often.

The idea of shooting or being shot, not unfrequently occupied her mind, from an early period. She once brought a pistol to a female friend, and endeavored to persuade her to learn to use it, and once fired a pistol out of the window, as she said, at some fancied intruder. A story she often told was, that on a journey to South Carolina, in early life, she observed on board the steamer, a man who watched her, and kept near her for several days, until, his coat blowing open, she caught sight of a pistol sticking out of his pocket, when she got frightened and went below. This man she believed to be Commodore Barney, a relative, whose nephews were claimants with herself and many others, for an English estate then

in chancery, who designed to shoot her in order to better the claim of his nephews. During the last fifteen or twenty years of her life, she was fond of telling a story of a man coming to her door, and snapping a pistol at her as she opened it. This story was told with many variations. Sometimes it was a man whom she had seen for several days loitering near the house, and sometimes it was a horseman. Sometimes it was a servant, and sometimes herself, that went to the door. Sometimes he only presented his pistol, when she said she also had a pistol, and turned to get it, when he was scared and went off. At first she did not pretend to know who it was, but latterly she always said it was the son of one of her cousins, instigated by other relatives to put her out of the way.

There was much evidence proving that fickleness of purpose so common with the insane. The people whom she employed in one way or another, spoke much of this troublesome trait. Once she engaged a man to take the wood from a certain lot at a stated price per acre, but when he had nearly finished, she forbade him cutting more, or carrying away what remained on the ground. He agreed to this, on being paid for what he had cut. Afterward she got him to take away what he had cut, though at a quarter of a dollar less than by the terms of the original contract. Another was engaged to clear up a piece of swamp covered with a growth of brush and small trees, all of which he was to have for his labor. He went to work, but before he had got to that part which would afford any remuneration for his pains, she stopped him and gave the job to another. Thinking a brood of newly hatched chickens would suffer from the rain, she had them taken from the hen and put into the kitchen sink. Soon, however, she imagined they would suffer from the heat indoors, and had them taken back to the hen. Again she changed her mind, and directed them to be brought back to the kitchen. Exactly how many times the change was made, the witness could not say. The same trait was exhibited in regard to the work of her domestic servants, several of whom testified that she frequently changed their work without any reason.

Some of the reasons which she gave for her belief in the great Virginia estate, are strikingly illustrative of the ways of the insane mind. She said, that, when a young girl, she occasionally met in the street a servant woman who would exclaim when passing, "poor child, what a pity she could not have her rights;" that a lawyer once said, alluding to her claims on the English property, that if she wanted property, she could find it nearer home than England; that a relative of hers, one of the Angell family, once came to her, she said, greatly exercised about a question of conscience, viz: whether, if she knew of property in the hands of persons that had no right to it, it would be her duty to disclose it, and thus bring disgrace on near relatives, such as a father or mother, or a friend; that once her uncle Thomas began to talk to her about property, saying that he knew of her having property in the hands of some persons from whom she could not obtain it, and when he had thus excited her suspicions, she questioned him further, but his mouth was shut. Whether all or any of these incidents ever occurred as related, or were magnified out of some trivial expressions, of course we have no means of knowing. It is not improbable that they were all the mere coinage of a distempered mind.

Some facts in her domestic management might be paralleled in that of many an insane person. A cousin, accompanied by her husband, made her a visit and spent the night, Miss A. lighting them up stairs, putting them into different rooms, and locking the doors. Many years after, this same cousin called upon her about eleven o'clock, but found her just ready to go into town. Miss A. invited her to stay until she returned, directing another cousin then staying with her, not to get dinner in the mean time. Late in the evening she made her appearance, seemed surprised to find her cousin there, and invited her very plainly to find a lodging somewhere else. She refused to leave the house at that late hour, and was sent off to bed in the dark, without dinner or supper. At breakfast next morning, they had nothing to eat but rye and indian cake, and a very small bit of butter. Another, who resided in Maine, in the course of a visit to Providence, was

invited to dine with her, and she found the dinner scanty and the table-cloth ragged. A servant stated, that, there being only three in the house, she bought at one time fifty scup, half a dozen of which would have been an ample dinner for them all. At another, she bought a large turkey, and at another a large goose, both of which spoiled before they were half eaten. One witness spoke of her getting a quarter of veal, and at another time, a side of pork, all of which, except a part of the pork which was salted, spoiled before they attempted to eat it. Two or three witnesses saw her getting breakfast by a fire of green wood.

Several witnesses testified to a disregard of little proprieties and observances, which, in some degree, is almost universal with the insane. She would express her sentiments respecting her relatives, not only to those who would naturally be interested in them, but to her servants, and to people but little known to her, and often, during one winter at least, at the table of a public boarding-house. A witness once saw her near her mill-dam—about half a mile from her house—
—with a calash on her head and flour on her black dress, looking “dirty and miserable,” with a troop of boys teasing her. The same witness once saw her, when chasing some cows, dash through a pool of water that laid between them. Another once found her in high altercation with her farmer, her hair down and dress open, and he led her away into the house. Another spoke of finding her in the road near her house, with her head bare, hair flying in all directions, and no shawl on.

There seems to have been occasionally a failure of the perceptive power, not so much indicative of mania, as of impending trouble in the brain. One of her tenants said, that having paid his quarter’s rent, on one occasion, he recollected, a moment or two after leaving the house, that he had omitted speaking about some repairs, and returned for that purpose. Scarcely three minutes had elapsed, but she did not recognize him, and he found it difficult to make her understand who he was. Subsequently, she mistook him for the carpenter who

shingled her house, and complained that he had done the work badly. He explained, but she repeated the mistake several times afterwards. Once, having engaged a man to cut some hay, she came down, in the course of the day, to see how the work was going on. The switchman, whose station was near by, said he walked towards her and that they met but a few steps from the workmen, she crying out, "what are they doing? why, they are plowing up my meadow; what shall I do?" He told her that they were only raking up the hay with a hay-rake, and it was all right. She kept on crying out, "what shall I do, they are plowing up my meadow?" and rushed into the field and ordered the people to stop. They gave no heed to her, and she started towards the city, saying she would tell Judge S. The witness said she was not more than twenty feet from the hay-rake.

Twice there seem to have been hallucinations within the last year or two of her life. Once, she said she had smelt chloroform three nights in succession, but it was in proof that there was none in the house. Shortly before her death, she awoke in the middle of the night, as she stated, and found Mrs. P.,—the woman who poisoned the well—standing over her.

She manifested much of that curious inconsistency which constitutes so common and so remarkable a feature of insanity. Among the friends and associates of her brother was her cousin, W. M. B. They were much together, and every day interchanging tokens of kindness and good will. On his death-bed, the brother took his friend by the hand, the sister standing by, and asked him, as his last request, if he would continue to do for her as he had for him. For seven years he continued to visit her almost daily, and perform for her some little office of kindness or care. He settled difficulties with her servants and tenants, renewed insurance on her tenements, and often paid the premium himself, to save her the trouble, lent her money, advised her in the management of her affairs, and by countless services of this kind endeavored to redeem the promise made to her brother. And yet, a year or two

before she died, she declared to one of her fellow-boarders that W. M. B. would as lief murder her as not, and had instigated a man to come to her house and shoot her. Once, at her own request, W. M. B. engaged a woman to go to the house and render such services as she could. This she did for several weeks, being treated by Miss A. courteously and confidentially. Yet, to this very woman she said that W. M. B. visited her as a spy, and was at the head of the conspiracy against her. After urgently inviting Mrs. K., the mother of W. M. B., to visit her according to her usual custom, when she came to town, she said that Mrs. K. came as a spy for the Gs. Her vehement desire to see the churches built in her own life-time, and the utter uselessness of her land, except to be sold, were sufficient reasons to induce her to advertise the land as she did, and sell at a fair price as she did not. She was never willing to set her price, and persons desirous of buying, went away convinced that she did not wish to sell. Fair prices were offered, and those in whom she had most confidence, advised her to accept the offers, but with one or two trifling exceptions, she sold no land in North Providence. She gave as a reason for refusing to name her price, that the assessors would hear of it, and the next year they would increase her taxes.

Of all the fancies which this woman adopted, it did not appear in evidence that she ever relinquished one to the weight of the most abundant proof. Many instances, on the contrary, appeared of her persisting to believe them as veritable truths, in spite of proofs sufficient to convince any sane mind. The dying request of her brother to W. M. B. has been already noticed. Shortly after that scene, she reported that this gentleman refused to assent to this request, and though he assured her she was mistaken, and offered in proof of it the attentions and services he had since rendered, yet she was unconvinced and continued to circulate the report. She believed that this gentleman must have obtained some of her Virginia property, on the ground that he could not otherwise have built a block of stores, and done some other things; and though he explained to her the origin of all his property, she was uncon-

vinced. His mother, too, she believed to be indulging in a style of living which her husband's salary, as a college professor, could not support, and therefore *she* must be enjoying her Virginia property. The amplest proof failed to disabuse her of a notion which was founded on mere rumor, for she had never been in this lady's house. The same sort of charges were made against his brother, then a Professor at West Point, on the same sort of foundation, and with the same resistance to proof. She harped upon certain furniture which W. G. had sent from Baltimore to this gentleman's grandfather, and though he showed her the original account of his grandfather as trustee of W. G.'s wife, in which he had credited himself with this furniture, she was faithless, and continued to believe as firmly as ever that the old carpet and andirons were part of the spoil of her father's estate. And so with her belief that she had been wronged in the settlement of her grandfather A.'s estate. To her he bequeathed two hundred silver dollars, but the executors, for good and sufficient reasons which were approved at the time by her uncles and aunts, set off to her a certain lot of land in lieu of the dollars. When the formal statement of the executors, which had been put on record, was shown to her, as well as an extract from their accounts explaining fully the transaction, she coolly replied that she knew all that before, and kept on saying to the last year of her life, that she had been wronged in the settlement of her grandfather A.'s estate by Moses Brown, whose name, long after his death, was a synonym for all manner of uprightness in this community. A year or two before she died, she sent for a neighbor, J. W., to come and cut up an apple-tree which she said G.,—the man who had hired her place for the year—had cut down with the intention of carrying away. He assured her that the tree had blown down, and that any one could see that it had rotted off nearly, and showed no marks of an axe. Another person, besides G. himself, said the same. But she insisted on having the tree cut up and put into the cellar, and when the door was shut and locked, she exclaimed, "I guess G. can't get it now," and continued to tell the story of G.'s cutting down her apple-tree.

At last, on the 11th of October, 1860, this lady was struck down by that common sequel of chronic insanity—paralysis—which finished her life the next day.

The testimony disclosed many other indications of mental obliquity sufficient to swell this article to the dimensions of a volume. It was necessary to make a selection, and though the most prominent ones have been taken, yet many others less striking to the casual observer, are not less significant to those conversant with mental disease. In stating the above facts, it has been my endeavor to adhere strictly to the evidence—its letter as well as its spirit—avoiding every word or turn of expression which would tend to give it a higher coloring than the exact words of the witness would bear.

All the testimony was carefully heard on the first trial by the writer, and on the second trial by him and by Dr. Tyler, of the McLean Asylum, while on the third it was heard only by the writer, and they unhesitatingly expressed the opinion that the testatrix was insane when she made the will and codicils. By them the belief that her relatives hated her and were ready to annoy and wrong her, and the belief that her father left her a large estate in Virginia, of which her relations had defrauded her, were regarded as pure delusions, which, in connection with the suspicions, the notion of being poisoned, the indiscriminate charges of stealing, the breaches of propriety, the insensibility to argument, the fancied insults, the hallucinations, &c., constituted an actual case of insanity, presenting nothing strange or extraordinary, as compared with the usual exhibitions of the disease.

To meet this clear and abundant proof of insanity, the other side produced many witnesses from various walks of life, who, on the strength of more or less intercourse with the testatrix, declared that they saw nothing strange or unusual in her conduct or conversation; they contended that the will was a rational act, rationally done; and endeavored to show that her notions respecting her relatives, her Virginia property, and some other fancies, had some foundation in fact, sufficient for a credulous, suspicious mind, and therefore could be justly regarded as mistakes, not delusions. The weakness of these

several positions will be made apparent by a little examination of the evidence, and of the phenomena of insanity.

A lawyer wrote her will ; another was her adviser and friend, from the death of her brother to her own ; two or three physicians had casually met her, one at her house, on the occasion of the sickness of some member of the family, and another, as well as an ex-judge of the Supreme Court, in the parlor of a Saratoga hotel ; several clergymen had conferred with her on the subject of missionary efforts, of plans for the religious teaching of the people in her neighborhood, and of contributions to a fund for educating young men ; charitable and religious men sometimes found her zealous and liberal when appealed to for aid and coöperation ; a dealer in real estate conversed with her about selling her land ; a grocer sold her groceries, and a bookseller books, and she paid them promptly. And finally, passing by others whose acquaintance with her was very casual, a gentleman whose long and honorable career as a leading minister in his denomination, as a president of a college, and a writer on education and mental science, have made his name familiar as household words, was intimately acquainted with her for many years, and conceived a high regard and respect for her—these persons, one and all, declared that they never saw anything “strange or unusual in her conduct or conversation, dress or demeanor.” To those practically conversant with the insane, it would be a waste of words to prove that such a fact is not incompatible with the existence of insanity. Having her delusions somewhat under her control, it is not strange that she refrained from introducing them when in the company of certain persons, especially those whose position would naturally forbid discourse of any kind on family difficulties. It was in the retirement of home, in the abandon of familiar intercourse with servants, relatives and neighbors, that she would chiefly give vent to her belief and her feelings respecting her relatives and their unprincipled conduct. Occasionally, however, as the evidence shows, the proprieties of place and person were disregarded, and her complaints were poured into the ears of a very different class of people. In fact, the gentleman last referred to, and two

or three others who came to the same conclusion, admitted that she spoke to them harshly about her relations, but that they, feeling no interest in the subject, paid but little attention to what she said. If they had encouraged her to go on, they might, possibly, have observed something strange or unusual in her conversation. That she had some self-control is obvious from the fact stated by many witnesses, that when talking with them on her favorite theme, she would stop the moment her brother John made his appearance, because she knew such talk annoyed him exceedingly, he having no faith in her fancies, as he called them. Neither was her interest in religious enterprises, nor the character of her own religious sentiments, incompatible with the existence of delusion, for if correct and clear on any subject, as she might be in the form of insanity alleged, it is not surprising that she was so in regard to them.

To meet directly the evidence which seemed to establish the existence of insanity beyond a doubt, the attempt was made to explain some of the facts so as to make them not incompatible with perfect sanity. Her feelings towards her step-father's family, it is said, were justified by their treatment of herself and mother. That she might have been treated coldly, even discourteously by the older children, is not unlikely. It would not have been a very strange or extraordinary event; nor would it have been surprising had she spoken unkindly of them and avoided all intercourse, for such would have been the course of an aggrieved, but rational mind. In the true spirit of insanity, however, without the slightest color of proof, and against all reasonable supposition, she persists, through her whole life, in charging them with various attempts to kill her by poisoning the well, by poisoning the food, and by putting poison about the house; in charging them with actually poisoning one brother and intending to poison the other. Between the alleged fact that they treated her disrespectfully, and her conclusion that they meant to take her life, there is all the interval that separates sanity from insanity. To other relations, she attributed the same designs, though there was not a tittle of evidence to show unkind feel-

ings or improper conduct towards her. Some were poor and dependent, coming and going at her call; others, with a reputation in the community which should have placed them beyond suspicion, and all, without exception, treating her courteously and kindly. In regard to one family, she offered a reason for her dislike—a reason which had no other foundation than her own disordered imagination.

The other main delusion—that of having inherited from her father a large property in Virginia, of which she had been defrauded by her uncles and their descendants—had a reasonable foundation, it was contended, in actual facts. In order to make this explanation intelligible, it will be necessary to state some facts connected with this delusion. In 1796, a letter was received in Providence from her uncle James, then living in Baltimore, in which he speaks, among other things, of his brother Joseph, father of the testatrix, “who died,” he says, (“or rather I am inclined to think from reports, was poisoned by his wife,) near Moorfield, in Virginia, a few months since.” In a postscript he returns to the matter: “Joseph,” he says, “had married a widow in Virginia, possessed of an estate worth a considerable sum of money, which she held in her own possession at the death of her former husband, subject to her control. From what I can learn, there were marriage articles (or something like it) between them. He desired on his death-bed, (so report says,) that his body might be opened, as he suspected foul play. The corpse was in consequence arrested on its way to the place of burial, and no person appearing to push the business, supposing he had not a relative in America, it was interred without inspection, nor, but for that circumstance should I have ever heard of it. I have, however, engaged a friend who lives in Moorfield, to procure a copy of the agreement, (will if there is any) and from whom I soon expect to hear. That there is property there that his heirs will inherit, I have no doubt, but whether it will fall to me as elder brother, I cannot say.”

The contents of this letter became known, no doubt, to the testatrix and her mother. The latter, naturally enough, would not care to cherish the memory of her divorced husband, and

the former, then but thirteen years old, would scarcely remember all the particulars of this letter. At a later period of life, she became desirous of knowing the exact circumstances of her father's death. Whether this letter was in existence, she knew not, nor where to seek for information about it.

In 1836 she ascertained that one of her relatives had in his possession many old family letters and other papers, and at her request they were given to her. Among them she found about a dozen letters written from Baltimore in 1792 by her uncle W. G. to another uncle, J. W., then in Providence. The burden of these letters is, that he is trying to settle up his business and go to the north; that he wants his brother-in-law to buy him a farm and provide stock, carriages, seeds, &c. In almost every letter he speaks of having in his hands funds belonging to "Eliza," which he is desirous of investing in connection with his own, or in a separate property. In one of them he says, "I have a small sum of money, the property of Eliza, (which is accumulating, though it is *lying idle*,) that I wish to make the foundation of a purchase for her, that will be productive *now*, *secure the money*, and facilitate my plans. If any advantageous small *spec* can be made for her, I should be glad." In a previous letter, he says, "if the Colonel will sell his contiguous land reasonable, I would endeavor to purchase it for Eliza. * * * You must know I can devote this money to no other use than purchasing property for Eliza, as her funds must pay for the land." This is a fair specimen of the references to Eliza in these letters. Had she seen no more, she might have had ground for a faint suspicion that she was the person referred to, and consequently that her father, who, she knew, did actually die about that time, had already deceased and left to her a trifle of property, which, by some means or other, had come into the possession of her uncle. But these very letters contained unequivocal evidence that the facts she suspected were, some of them false, and others impossible. In one of them her uncle speaks of making this investment "for a little daughter," and she might have known, had she inquired, that he had a daughter named Ann Eliza. Indeed, that fact appears in one of the letters. More than

this, she found in them mention of her own father as then living. Mr. G. says, "I have just received intelligence from Berkely that Joseph [her father] keeps school, and behaves soberly and discreetly. He has twenty scholars, and appears and acts reputably. God grant it may last." Subsequently, his wife says, in a letter to Mrs. W., "brother Joseph has established a school of twenty scholars, and attends it with great sobriety and diligence." And thus it was that the casual mention of a family name in connection with money, set that disordered cord in vibration, and under its influence, without proof and against proof, in the true spirit of insanity, she arrives at the monstrous conclusion that her father, while yet in the flesh, had died, leaving her a large property which he had acquired by his second marriage; that her uncles had fraudulently got possession of it; that their descendants, though above suspicion in their respective communities, were living upon it, and cognizant of the wrong; and, that they might enjoy, undisturbed, the fruits of the wrong, were instigating attempts upon her life. If this is not delusion—gross, unequivocal, baseless delusion—I know not what delusion is.

In 1855 she obtained possession of the original letter of her uncle James, in which he communicated the fact of her father's death, and from that she learned that he died some four or five years subsequent to the writing of those letters in which "Eliza's guineas" are mentioned. Yet, not one jot did she relinquish of her faith in that strong belief that her uncles had cheated her out of her father's estate. She proclaimed it far and wide, and triumphantly appealed, for the truth of her story, to these old letters about "Eliza's guineas," written some three or four years before he died, or was even married.

In 1857 she employed the person named as executor of her will, to pursue some inquiries into the circumstances of her father's marriage and death, and of the property he left. These inquiries were very satisfactorily answered, and among the papers obtained were copies of the inventories, both of the effects which he left, and of the property which his wife possessed when they were married. From these it appeared that the value of all their possessions, consisting of clothing, household

furniture and stock, amounted to just £99, 7s. 9d. Of a small parcel of land in that region, they had made a conveyance, for a few shillings the acre, but the deed was not perfected. She was now assured by her executor, whose professional and social position warranted the utmost confidence in his judgment, and in whom, in fact, she had placed more confidence than in anybody else, that she had not the shadow of a claim upon any property left by her father, and that she ought to abandon the notion forever. She did no such thing. She treated these proofs precisely as all insane persons treat the proofs of their delusions—precisely as she had treated the most conclusive proofs of other delusions. She continued to believe in this great Virginia property, and even more earnestly than ever. The testamentary disposition she had made of it two or three years before, she suffered to stand, and once at least, within a few months of her decease, she declared to a witness her conviction that she would finally obtain that property. Up to the very last, she declared to one and another that the children of those uncles were living on her property, and seeking her life. It was never a matter of suspicion or doubt, but always, from first to last, through a series of twenty-years or more, a matter of intense, unwavering belief.

In reply to all this, the appellees say that she did not suppose the “Eliza’s guineas” to have been a legacy from her father, but money entrusted by her father to her uncle, to be invested for her benefit, but which he appropriated to himself. Believing this, the next step very naturally taken, was to believe that after her father’s death, this same uncle had got possession of the large estate which he had bequeathed to her. These two conclusions, they allege, were the result of a highly suspicious, distrustful temper, which, belonging to the natural constitution of her mind, cannot be regarded as an indication of insanity. This explanation scarcely helps them. Were the mental process precisely as they state, it shows a gross suspicion without the slightest foundation in fact, growing out of another suspicion about as baseless as the other. But in neither case was it a mere suspicion—it was a fixed, positive, unwavering belief, maintained to her dying day.

After the conclusive evidence obtained by the executor, that her father left her nothing, then, certainly, her continued belief in the great property, was undeniably a delusion. It may be justly asked when this notion ceased to be a suspicion, and began to be a delusion. Was it at the very moment when this evidence was placed before her? If so, then it appears that while the facts in the case were somewhat doubtful and obscure, she merely suspected fraud, but when all doubt was removed and the fact of her father's poverty conclusively established, she believed it! Of course, long before that time, probably from the very hour when she first read those old letters, she believed it as firmly as she ever did afterwards. Unquestionably, a very suspicious person may suspect many improbable things, with little or no proof, but the moment he believes them, he is under a delusion. It is this confounding of two essentially different states of mind—suspicion and belief—which makes the explanation of the appellees utterly fallacious.

The attempt was made to explain away other things, which were regarded as incidents of insanity. The executor alluded to her refusal to eat at the table of her relations, and remarked that "she was terribly afraid of other people's dirt." This statement, whether it originated with him or her, hardly helps the matter, considering what manner of persons those relations are, and the fact that she often dined at a hotel, and for several summers in succession, spent a week or two at Saratoga. She kept pistols in her room, because, it was alleged, she lived in a lawless sort of district, and one or two of her neighbors were put upon the stand to testify that they also kept pistols in the house. This was an evasion of the true issue. It was not the fact of being armed which was regarded as indicative of insanity, but the manner in which this matter was managed. A sane person would have done just what her neighbors did—put a loaded revolver under her pillow or within reach, and been satisfied. She, on the contrary, makes a perfect arsenal of her room—a six-barrelled revolver under her head, an old horse-pistol on each side, and another at the

foot of the bed, as if this multiplicity of weapons were any better than one ! as if they were not more likely to harm herself or her servants than any unwary burglar ! And these implements of destruction must be taken to the gunsmith's every four or five weeks, to have the charges drawn and be reloaded. Perhaps there was no single incident of this woman's life more characteristic of insanity, than this lack of all true relation between the means and the end of self-protection. Her charges of stealing, so often and so earnestly made against the honest old Quaker who lived a year or two on her place, the same witness accounted for by the fact that the testatrix was opposed to all agricultural improvements, and wanted everything to remain just as they were in her mother's time. He thought differently, and so he scraped the trees, trimmed the currant-bushes, reset the strawberry beds, &c. She thus lost sight of many familiar objects which she thought must have been stolen. If she really came to her conclusions in this manner, the fact is not very creditable to her sagacity, and it is scarcely conceivable how any sane person could make such a mistake—to attribute improvements like those to petty larceny. Such a process of thought, however, is very characteristic of insanity. In order to explain away her belief that her step-father's clerks had defrauded him, it was alleged that such a village rumor prevailed at the time, nearly sixty years ago, and therefore that it was not strange she should entertain the same notion. But this is not sufficient. What was, with others, an idle rumor seriously believed by nobody, was, with her, a matter of earnest belief, and repeated to the discredit of persons who, for half a century, in many relations of life, social and business, had maintained an unsullied reputation.

The manner in which she undertakes to accomplish her designs, shows no indication of insanity ; but one would hardly appeal to it as a proof of a clear and vigorous mind. The greater part of her estate in North Providence consists of unoccupied land, valuable only for building purposes. Situated on the very border of a considerable and growing city, it would naturally be sought, while the abundance of

other land similarly situated would prevent it being taken, except in the most satisfactory way. As long as equally eligible land can be obtained by purchase—and that, to all human foresight, will be for many years to come—this will not be leased advantageously, except, perhaps, for a term so long as to practically defeat one of the conditions of the will. Eventually, perhaps, it may become valuable, even for leasing; but between the loss of interest on one side, and taxation upon its market value on the other, its whole worth may have been sunk, long before that time. And yet she refused to sell during her life, while land was up and her neighbors were selling; and in her will forbids the sale of a single acre, even for the accomplishment of her plans. Through all coming time, this estate must remain in the hands of the Trustees, who, while invested with unlimited discretion in everything else, are allowed no discretion at all in a matter where they needed it most. This may be wisdom, but it looks very much like consummate folly.

These Trustees, too, are not required to give bonds; they are made responsible to nobody, and they are allowed to compensate themselves for their services. Not a single provision is made for preventing an abuse of the trust, or stopping it after it may occur. Instead of guarding, in every possible way, against the usual fate of such trusts—a fate that was most distinctly pointed out to her by her most confidential advisers—the dispositions of the testatrix would seem to have been made expressly for the purpose of inviting it.

So far, indeed, the will presents no conclusive proof of mental incompetence; but the codicil, executed a few months subsequently, reveals a strong, striking delusion, calculated, beyond all others, to annul her testamentary capacity. There, deliberately and solemnly, she puts upon record her belief in that great Virginia property which, she was in the habit of declaring, was left by her father and purloined by her relations. True, at that time, she had probably found the letter of her uncle, giving an account of her father's decease, and expressing the suspicion that he had left property. This might have warranted her, even, in indulging the same sus-

picion that her uncle had sixty years before, and in making it the basis of a testamentary bequest. But not long after, the inquiries of her executor removed every ground of suspicion, and furnished irresistible proof that her father left her nothing, because he had nothing to leave. Did she thereupon revoke that codicil? Certainly not. Her declarations to witnesses show that she believed this notion of the Virginia property to the very last. The idea of property in the moon could not have been more indicative of folly.

True, the executor testified that this codicil was made at his suggestion, in order to preclude all claims from any heir-at-law who might possibly share her belief that she had property in Virginia, and thus to save himself from future annoyances. The executor's course in the matter implied no opinion, necessarily, respecting the character of this bequest. For even if he had then believed as firmly as he did after his inquiries, that her father left nothing whatever, he might still have advised the codicil, because he could not be sure that some one might not have got the impression that the testatrix had a good claim upon property in Virginia. However that may be, the essential fact is not affected. Her willingness to accept the codicil implies the existence of the belief on her part, and, therefore, it is immaterial whether it originated with herself or her executor. Whether any possible benefit from it could compensate for the legal consequences of this formal recognition of a palpable delusion, is a question which naturally arises, but which I need not discuss, because not exactly within my province. One cannot but have an opinion, however, respecting it.

The next point put forth by the appellees was much stronger apparently, but it lacked the essential element of strength—a substantial foundation. The will, they alleged, is a rational act, rationally done, for a purpose worthy of the soundest reason, and under the most sacred of human obligations. Several of the witnesses—men whose position and whose relations to her might be supposed to have procured for their opinions on such a subject some deference—stated that when they objected to this disposition of her property, and tried to

convince her that it would ultimately fail of its purpose, as all, other religious trust-funds had, her invariable reply was, that it was in accordance with the expressed wishes of her brother; that the object nearest and dearest to his heart was to establish and endow Baptist churches; that she felt bound by an imperative obligation to carry his wishes into effect, and consequently had no choice.

Unquestionably, if she had promised her brother so to dispose of the property obtained from him, such a will should be regarded as valid, in morals, if not in law. He had a right to exact such a condition, and she was bound to observe it. But as it regards her own property—that which came from other sources than him—it was all very different. Her disposal of that must be bound by the usual conditions of a testamentary bequest. She could neither promise to dispose of it in a certain way, nor carry such a promise into effect, unless possessed of testamentary capacity.

As to the promise itself, on which so much stress was laid by herself and her counsel, it is to be considered that beyond her statement there was not the slightest proof in evidence that he wished his property might, after death, be devoted to religious or any other particular purposes. No one ever heard him express such a wish. On the contrary, four gentlemen, all, friends and companions, with whom he was in the habit of expressing his views very freely, declared that in matters of religion he maintained a sort of philosophical indifference; that he did not confine his attendance on church to any particular denomination; and that, as one of them expressed it, he had no faith in creeds nor the expounders of creeds. Indeed, it would seem from the statement of one of them, that he had no active religious belief whatever. He had contemplated, no doubt, the erection of a church, in his life-time, on his land in Taunton, and had obtained estimates of cost, &c. This project he frequently spoke of, and when the land was offered for sale, one lot was reserved for a church, and it was so stated in public. Once, when passing by the land before the sale, he pointed out this lot to the friend who was with him. His reply indicated very clearly the thought

which was passing in both minds: "I advise you," said he, "to build at once, before you undertake to sell." It was to enhance the value of his land, and there was no proof that he regarded it in any other light. So, too, he would point out a lot on the North Providence estate, as that which Eliza intended for *her* church.

There is another fact of no insignificant bearing on this alleged vehement desire to execute her brother's wishes. Thirteen months were suffered to elapse between his death and the execution of her will. Had she died suddenly during this period—an event not very unlikely at her age—then the dearest wishes of her brother would have come to naught, and this property would have gone to those hated relatives, instead of being "given to the Lord." There was no reason for the delay, had her mind been made up; and it appeared that during this period she mentioned various other charitable objects to which she thought of bequeathing her property. The only possible conclusion is that the disposition she finally adopted was her own deliberate choice—not the execution of another's wishes.

The psychological history of this lady is easily read by the light of the evidence, and it may be worth our while to notice some of the prominent incidents of that mental movement, which, beginning in the deepest emotions of childhood, fostered by the peculiar circumstances of her lot, and determined, in a great degree, probably, by hereditary tendencies to disease, ended finally in delusion and disorder. It was the work of years, it is true, and not obvious to the casual observer, but it was none the less real or serious.

Though too young at the time to be much affected by the separation of her parents, yet, in the latter years of her childhood, it must have been a subject of curious and earnest speculation. At the age of ten, the second marriage of her mother introduced her to new domestic scenes, calculated to impart a peculiar tone to her thoughts and feelings. The treatment which she and her mother received from her step-father's sons produced, in addition to the usual effects, a vague apprehension of evil, soon passing into strong suspicion, under

which every act of petty discourtesy was magnified and distorted into a deliberate insult, if not an attempt upon her life. At the age of thirteen, news came of the death of her father in a remote State, coupled with intimations that he was poisoned; and it cannot be doubted that thereby a most suggestive and life-long impression was made upon her mind at this most susceptible period. When she first began to believe or suspect that attempts were made to poison her, or any of her family, does not appear. The evidence only showed that the belief existed, at least, some thirty or forty years before her death. It sprang, very probably, from the circumstances of her father's death, of which she always retained some recollection. In fact, the idea of poisoning and being poisoned thus suggested to her susceptible imagination, became so familiar to her mental experience as to defy the utmost efforts of reason to dislodge it.

This habit of mind was unquestionably strengthened by an event which happened towards the middle period of her life. An English gentleman bearing her name had died, leaving a considerable property, the heirs to which were supposed to live in this country. Various members of her family became interested in the matter, and one of them went to England for the purpose of making inquiries and prosecuting claims. It appeared, however, that they were not the heirs of this man, and the property went in another direction. But the idea thus suggested to her mind of being entitled to property in England, was never abandoned by Miss A., though in her later years she said but little about it. It was accompanied by suspicions of foul play, and of attempts upon her life on the part of those who might better their own claims by getting her out of the way. Thus, a naval-looking gentleman, with a pistol in his belt, whom she met on board a steamer, she imagined to be her relative, Commodore Barney, watching an opportunity to take her life, in order thus to better the claim of his nephews on the English estate.

Thus far the mental disorder had not a very wide or conspicuous operation. It was not obvious to the world, and interfered with none of the ordinary performances of life. A naturally

active mind, a good education, an agreeable person, and social advantages, masked the morbid traits of her character, and enabled her to bear her allotted part in life with tolerable credit. Even those best acquainted with the workings of her mind, would venture only to call her peculiar or fanciful. Nevertheless, the morbid element was steadily, though slowly, gaining strength, when it received an extraordinary stimulus from the reading of the Goddard letters. The unusual circumstances attending her father's death, and the air of mystery in which that event, as well as the whole history of his residence abroad, was enveloped, had furnished food for much morbid reflection; but now, for the first time, her ideas assumed definite shape. In her suspicious and credulous temper, the mention there made of her own christian name in connection with money and investments, afforded confirmation strong as holy writ of the traditional belief that her father had married a rich planter's widow, and died leaving a large estate; while it also suggested the additional belief that that estate had belonged to her as her father's heir, but, somehow, had been wrested from her by dishonest uncles. The marvellous improbability of the whole tissue of events supposed in this belief, caused neither hesitation nor doubt. Ever after, she did not suspect, but she believed with her whole heart and her whole soul, that she had been robbed by her own relatives of a valuable estate. Habitually dwelling on this idea, she was always seeing, in every occurrence, some fresh proof of the existence of this estate, and of the iniquity which defrauded her out of it. Did a relative build a block of stores, he certainly must have obtained the means from her property. Did another send his boys to a boarding-school, his salary was too small to allow such an expense, and it could have been derived only from her property. When one of them went to Virginia, it was for the purpose of visiting her plantations. The style of housekeeping in which her relatives indulged, was diligently scrutinized, in order to show that they were living beyond their ostensible means, and, of course, on the fruits of iniquity. A belief

originating and entertained like this, can be called by one name only—delusion—and delusion is insanity.

Its first fruit was an excessive anxiety to ascertain where that property was, and for this purpose, it was necessary to learn when and where her father died. While her mother and brother were living, she could do but little. They did not share in her belief, and seeing that the subject, when introduced, always excited her, they lent her no assistance in prosecuting her inquiries. After their death, however, she was free to pursue the desire of her heart, without let or hindrance from others. The very difficulty of getting information only strengthened her delusion, for to her distempered fancy the fact that they to whom she applied professed to be utterly ignorant, was conclusive proof that they were participants in the crime. With her relatives, servants, and some others, it was the prevailing theme of her discourse; while in every descendant of those faithless uncles, whatever their position or character, she saw a foe fattening upon the spoils of her father's estate, and, perhaps, seeking her life, in order to avoid exposure. At last, the original letter containing the account of her father's death, burial, &c., fell into her hands, and thus she was enabled to confirm her traditionary belief, so far as it went, and, also, to ascertain precisely what property her father had possessed, and what he left behind him. But the information came too late. For years her belief had been a delusion, and the most palpable proofs of his absolute destitution did not shake it in the slightest degree.

During the latter years of her life, it is obvious that the mental infirmity had greatly extended its influence. The fear of being poisoned had steadily increased, until the circle of the suspected embraced many of her kinsfolk and most of her servants. To this was added the fear of foes from without as well as foes within. Doors and windows were kept fastened day and night, and she retired to rest in a bed surrounded by fire-arms. The suspicion and distrust of her earlier years were converted at last into utter disbelief of human honesty. All, from the kind old Baptist deacon who

managed her charities, to the honest old Quaker who managed her farm; from the cherished friend of her brother, unceasing in his offices of kindness towards her, to the humble cousin who was ever her willing drudge—all were, in her eyes, cheats, thieves, and liars. To the broadest moral distinctions she became insensible, charging with fraud and malice persons whose company and assistance she courted, and putting into the hands of the man who was to watch her premises, the instruments of death, with directions to use them upon the first one who came along. The management of her property now betrays a lack of that mental vigor, and the style of her housekeeping an insensibility to little conveniences and proprieties, which mark the progress of her malady no less clearly than other more demonstrative traits; and thus year after year, for the greater portion of her life, she was brought more and more under the influence of disease, though seldom, if ever, deprived entirely of self-control, or all sense of the fitness of things. To say that she was, therefore, not insane, is merely to say, that she was not a raving maniac, nor a stupid clod, devoid of all sense and reason.

It may be worth our while to observe that this case involves some questions touching the effect of mental disease on the testamentary capacity, that are not yet definitely settled. In cases where a will has been disputed on the ground of insanity, the kind of mental impairment alleged has generally been that which accompanies congenital imbecility, paralysis, acute disease of some bodily organ, the decay of old age, intoxication. It consists of enfeeblement rather than perversion, and affects the memory and judgment rather than the opinions and sentiments. These cases involved simply a question of capacity, and courts were always seeking some standard by which the testamentary capacity could be measured. In the case of imbeciles, the ability to count ten, to tell the day of the week, or measure a yard of cloth, was considered once evidence of a disposing mind, and though the standard was raised in later times, it was still an arbitrary one, having no necessary relation to the thing compared with it. In other cases of mental enfeeblement, courts have said

that the testator should possess mind sufficient to transact the common business of life, or be capable of making a contract, or doing any other binding act. And this was the common doctrine, until it was discovered, almost within our own generation, that some wills require a stronger understanding and a wider comprehension than some contracts, and *vice versa*. This led to what may now be considered a settled principle, viz., that the testamentary capacity must be estimated in reference to the circumstances of the particular act itself. Thus, a will disposing of a large amount of property to various persons, for various purposes, and under various conditions, requires a larger capacity than one devising a small property to the only two or three relatives the testator may have, or than a contract marked by few and simple conditions.

No sooner was this principle recognized as the settled law, than it was found too narrow to cover all the ground which the subject presents. A class of cases began to make their appearance, in which the testator, while possessing many of the highest powers and the ordinary traits of a sane mind, transacting business correctly, mingling in society without exciting surprise, and discharging creditably the duties of a good citizen, was bereft of reason in relation to certain subjects, believing notions utterly impossible in the nature of things, or the circumstances of the case. Under the principle just mentioned, such a person could not be pronounced intestable; but if the delusion had reference to persons whose interests were thereby affected in the dispositions of the will, then, very clearly, the will might have been the offspring of insanity, and, if it were, then, in spite of all the rules and definitions, it ought not to stand; and so it appeared to the court in one of the earliest cases reported—that of Greenwood, who disinherited his brother under the delusion that he had poisoned him. On an appeal, however, this decision was reversed by Lord Kenyon, who, while he admitted the hardship of the case to the surviving brother, felt unwilling to quit the old landmarks. Some years afterwards, a case of this description—*Dew v. Clark*—was decided in Doctor's Commons, under the benigner spirit of the civil law, by Sir

John Phillimore, in whose long and elaborate judgment the true principle which should govern this class of cases, was maintained with so much clearness and ability that it has been accepted, with scarcely a murmur of dissent, as the established law of the land. Finding that the testator was insane on the subject of his daughter, whom he had disinherited, he pronounced against the will, the question at issue being, not whether the insanity would vitiate any will, ("a will *generally*,") of the deceased, but this identical will.

One more class of cases remained to be disposed of—that where the insanity is not only partial and limited, but has had no influence, apparently, on the testamentary act. Is every insane person to be deemed intestable, however partial the disease, and however free from its influence the testamentary act may be, or only so when the act is shaped and colored by the disease. In the only reported case* where this question has been clearly mooted, Lord Brougham came out strongly in favor of the former opinion, and, in the course of his discussion, even questioned whether the advocates of the latter opinion would have the courage to say that the will of the man who declared that he was the Christ, should be admitted to probate, though it bore no marks whatever of an unsound mind. This is an extreme case, and the courage which would be wanting here, might be found amply sufficient in those far more numerous ones where the mental affection is less extravagant and absurd. Before coinciding with his Lordship, we are entitled to a satisfactory reason for believing that any will whatever of an insane person should be invalidated, whose contracts might be confirmed. It would seem, certainly, as if the principles by which their validity is determined were the same in both cases; and though either rule would, no doubt, sometimes cause injustice, yet it can scarcely be questioned, that a larger balance of wrong would follow the adoption of that which would allow the slightest mental infirmity to disqualify a person from making his will.

* *Waring v. Waring*, 6 Moore, P. C. Cases, 349.

In this country, the law would seem to be complicated by the legislative acts that have been passed in the different States on the subject of the will-making power. In this State, for instance, it has been enacted, that a person to make a valid will must, among other qualifications, possess a "sane mind." If this language is to be taken literally, then, certainly, no distinctions as to the nature or extent of the disease can be compatible with a due observance of the law, which requires nothing less than the implicit adoption of Lord Brougham's rule. It will be contended, no doubt, that this language must be interpreted by the rules of the English law; in other words, that the meaning of one of our statutes must be determined, not by the ordinary signification of terms, but by the decisions of English courts, not themselves harmonious. Such a course would be in curious contrast to that usual adherence to the language of a statute, which allows the intentions of the legislator to be completely frustrated by a misplaced preposition, or an improper tense or mood. It adds another leaf to the chapter of contradictions and inconsistencies which forms so large a part of the law of insanity. Letting this pass, however, it is to be regretted that the language of the statute is not more explicit, because if, contrary to the design of the legislature, any court is determined to follow its literal meaning, it can never fail to find abundant authority for its decision in the English law books.

There was one point made by the appellees, which, under any rule less strict than that of the statute literally interpreted, would seem, at first sight, entitled to some consideration. In all the reported cases of this kind, the heirs at law thus disinherited under the influence of a delusion were very near of kin—children, brothers, sisters—naturally and reasonably expecting to be preëminently favored. They were manifestly *cut off*, as, in all probability, they would not have been except for the delusion; and it seemed to be the dictate of humanity and common sense to repair the wrong which the testator had unconsciously done. Here, on the contrary, are a host of relatives—no one nearer than cousins—and no one with any special claims on the affection or justice of the testatrix.

It would have excited little or no surprise, supposing her to have been indisputably sane, had she disinherited every one of them. It is a monstrous conclusion that any conceivable will which this woman might have made, would necessarily be defeated at the instance of any one of those heirs-at-law who should be dissatisfied with his legacy. Abstractly considered, this view of the matter is not without some weight, but it is hardly applicable to the present case. One, at least, of her disinherited relatives might have reasonably expected something on the score of justice, considering the numerous and laborious services she had rendered the testatrix. But, without regarding this fact, it is evident that this will could not be sustained, even under the most liberal construction of the English law. It is enough to vitiate the will, that the testatrix was under a delusion respecting the conduct and feelings of her relatives. It is not necessary to show that the will was the legitimate offspring of that delusion. The testator has the unquestionable right to bestow his goods on whom he pleases, but the heirs-at-law have the equally unquestionable right to require that no cloud of mental infirmity shall have come between them and the mind of the testator.

The manner in which the opinions of the experts were elicited deserves a moment's attention. On the first trial the question was put to the expert in the usual form, viz: "Having heard all the testimony thus far in this case, and supposing it to be true, what is your opinion respecting the mental condition of the testatrix when she made her will?" The court ruled that this question was improper, but permitted the expert to state the general conclusions to which he had been led, respecting the mental condition of the testatrix, mentioning the particular facts in evidence on which they were founded, the jury being cautioned against regarding the facts as necessarily proved thereby. Under this rule, the witness proceeded to collate the evidence, and indicate the psychological significance of each class of incidents. This, that, and the other fact, indicated a certain delusion; these, a morbid degree of suspicion, common in insanity; these, an inability

to see the force of evidence, universal with the insane ; these, an attack of paralysis, a frequent sequel of mental disease, &c. On the second trial, it was proposed to pursue the same course, but the court decided against it. The experts were allowed to present a hypothetical case, making use of the facts which had appeared in evidence, but carefully abstaining from the mention of names, dates, or any other particulars that would indicate that these facts had actually appeared in evidence. Accordingly, the experts set up a hypothetical personage, a mere figment of the fancy, ostensibly, but, really, a thing of flesh and blood, "a certain, elderly, maiden lady," of whom they predicated every fact bearing upon the mental condition of the testatrix. This course was pursued on the third trial.

If any fancied difficulty attending the old form of putting the question to the expert, is obviated by these new methods, I confess I cannot see it. "You shall not suppose, even hypothetically, the testimony to be true," the courts say to experts, "because you would thus usurp the functions of the jury," and then allow them to construct a hypothetical case out of this very testimony, by means of a plentiful use of the subjunctive mood. The facts in evidence are thus placed before the jury, as they ever will be, in some shape or other, under any rule which admits the opinions of experts at all. Because, to oblige them to abstain from such facts in the construction of their hypothetical case, would be equivalent to excluding them from the witness-stand altogether. All these new methods, therefore, can only furnish new ways of doing that indirectly which cannot be done directly—a thing too common, I suppose, in the practice of the law, to be regarded as very objectionable in this particular instance. They remind us of those old fictions of the law, in which a couple of varlets named John Doe and Richard Roe, are represented as roaming up and down the realm, thrusting themselves into every suit at law, and taking the place of the actual parties thereto, though kindly leaving them the privilege of paying the costs and damages. Faithful to its traditions, the law says to the expert, you shall not say one word about the testator whose will is now disputed on the ground

of mental incompetency, which question it is the business of the jury, with your aid, to decide, but you may set up a fictitious testator, a sort of John Doe or Richard Roe, and say about him whatever you please to imagine.

The notion prevails, to some extent, that experts on the question of insanity have been allowed peculiar privileges, and counsel may often be heard contending that they shall be examined like experts on other matters. "In questions of surgery, or of poisoning, or of unseaworthiness of vessels," they say, "we call an expert who may not have heard a syllable of the evidence, and obtain his opinion on whatever point we choose to inquire about." This supposed diversity of practice is more apparent than real. In most cases, the essential facts are comparatively few, and can be readily recapitulated by the counsel, who scarcely troubles himself to state them hypothetically. For instance, a person laboring under some disease receives a blow, and shortly after dies. The offender is put upon trial, and the essential question is, whether death was caused by the disease or the blow. Witnesses describe the symptoms of the disease, the force and direction of the blow, the changes that followed, and the appearances after death. An expert is now called in; the testimony is recapitulated by counsel, whether under the forms of the indicative or subjunctive mood, is immaterial, and he is asked his opinion, on this state of facts, respecting the question at issue. The facts disclosed by the testimony are fairly placed before him, and to seek his opinion upon a set of imaginary facts, would be regarded as a piece of impertinent trifling. Now, the only difference, as it regards the examination of the expert, between such a case and a will-case involving a question of mental competency, is, that in one, the evidence is brief, the facts are few and tangible, and easily repeated; while, in the latter, the evidence might fill a volume, much of it, perhaps, having no bearing on the essential point. Out of this mass of relevant and irrelevant facts, the counsel are unable to select such as are suitable for the basis of an opinion, because none but an expert can form a proper distinction. In both cases, the purpose is to present

to the expert all the essential facts. In the one, they are stated to him by counsel; in the other, he hears them himself from the witnesses. It needs a subtlety of discernment not vouchsafed to every one, to perceive any material difference between these two methods.

It is deeply to be regretted that so simple a method of obtaining the opinion of the expert, as that of allowing him to *suppose* the testimony to be true, should be discarded in favor of the circuitous and awkward contrivance of a hypothetical case, in regard to the exact conditions and elements of which no two courts have ever agreed. With some opportunities of observation, I have not yet met with a single instance in which a form of putting the question to the expert under the new rule, adopted by one court, has been subsequently allowed by any other court. This is a significant fact. Would that courts would heed the lesson which it teaches.

In the charges of the courts in this case, there was necessarily little of much interest to the medico-legal reader. In all the trials, the court affirmed the doctrine that partial insanity might or might not vitiate a will; and directly, or by implication, maintained that the will, to be defeated on the ground of insanity, must be the offspring of delusion. It is enough to say that, although this latter rule may be a very proper one under some circumstances, yet, in its application to the present case, it would, in all justice, require an important modification. Whether this will was or was not the offspring of insanity; or, in other words, whether it would or would not have been just the will which the testatrix would have made had she never been insane, we have no means of knowing. What we do know is, that, entertaining the belief she did respecting her heirs-at-law, she would most certainly leave them nothing. The proper question is, whether such a belief would not necessarily vitiate any will whereby her heirs were completely disinherited. If there were any doubt as to the existence of delusion, then the character of the will might remove that doubt; but, delusion on this vital point—the

intentions, conduct and feelings of the heirs—being established, the will is invalid, though preëminently “a rational act rationally performed.”

ASYLUMS AND PSYCHIATRIC ADMINISTRATION IN FRANCE AND ENGLAND.

BY J. PARIGOT, M. D.

Man has natural affinities which form, under the action of Divine Providence, the moral ties of his family, and those by which he is attached to his country; a step further are the sublime aspirations towards God and liberty. As a physician, he has a peculiar mission to love and assist his neighbor in his most unfortunate and miserable circumstances. Indeed, his devotion goes so far that his duties are the same for all men, whatever their race, whatever their country; his sphere of action has extended his views, and, losing sight of the narrow boundaries of country, he embraces vast spaces and, unaware, becomes a citizen of the world. The medical profession, freely chosen in the days when all is bright in prospect, becomes dearer to him when, knowing he has done his duty, his experience proves that his sacrifices must be continued. Then he will find that his functions have a sacerdotal character. Then, also, he may enjoy a moral position that permits opinions which cannot be regarded as springing from envy or be construed as being prompted even by the honorable partialities and proud feelings of nationality.

The singular times in which we live require that we should investigate the motives of action of all influential men; and this we propose to do in respect to French and English psychopaths; but as humanity has a close resemblance everywhere, perhaps some of our observations may find their application in this country. In the beginning of this paper some general remarks may not be out of place.

The great historical events of the present, taking place far and near, have, perhaps, part of their explanation in the un-

equal balance between the animal instincts and the moral and intellectual development of the nations who occupy now the fore-ground of the human stage. We are confident that in the lower classes (generally ignorant and often criminal) these animal instincts are employed as tools by wicked politicians, let the latter be crowned and belong to the aristocracy, or be of the lower orders found in our cities and towns. In science and civilization the element of *quality* of a nation gives way to that of *quantity*. This is a fact well known in politics. For instance, the French nation, which possesses a prominent place in science, philosophy, fine arts and administration, is subjected by political tactics to those who despise the noblest part of our nature and believe only in material force. This is what these shrewd politicians call the *will of the nation*. There is not the slightest doubt that since 1848 a secret impulse has been given to a sort of latent instinct of hate between the different races of men; not only the color of the skin, the different features of nations, but the slightest competition in industry between two nations of the same stock of parentage, is sufficient cause for mortal enmity. The Scandinavians are excited against the Slavonians; these latter entertain deadly enmity with the Turks and Mongolians. The Latin race is preparing for a great struggle against the Teutons and the Anglo-Saxons in Europe. By and by we shall have here the continuance of that hatred; indeed, the prospect of an European war was not sufficient it appears for political purposes. At the end of our struggle we will be obliged to begin a second one for the supremacy of American nationalities on their own soil.

Is it not time that reason should intervene between these passions and should crush down the cruel propensities of war, excited by all those who themselves excited by a false sense of national honor, constantly throw blame and disdain on whatever has not been instituted or accomplished within the narrow boundaries of their village, town or country.

The Machiavelic doctrine, *divide ut impera*, is now, it appears, the great rule. It is easy, for instance, to remember that not so many years ago the English and French nations were

in process of a mutual esteem and cordiality; the proof is that railways were allowed to be constructed in France by English laborers and that the same class was admitted into England. Could such a fact take place now? Since the so-called *entente cordiale* of two unscrupulous governments, what is now the mutual feeling of the two nations? Hatred and active preparations for war. The low classes of France are the most numerous in the army. In England necessity has called to arms the middle classes; *the riflemen* are ready to fight the external or internal enemy whoever he may be. Since 1852 the French words, *L'Anglais*, imply such hate and disdain that they are hardly equivalent to the English outrage of *French-dog* shouted by the rabble at French citizens.

It depends much on the intelligent classes to modify these feelings and instincts in the uneducated community. Scientific men, and especially writers on psychology, must take higher points of view and not be biased in their opinions by national antipathies.

Now the very zeal with which some courtiers of public opinion and power defend their national institutions as the best in the world, may be a cause of distrust to the sincere inquirer. Constant efforts to conceal some defect or to proclaim superiority, lead to a close examination. As there is but one aim in psychiatry, that of serving humanity, these writers, in our opinion, betray their narrow views and lose our confidence. But the comparison of their boastings and sayings with the serious documents published by their own countrymen are sufficient to show us the truth.

We have before us the excellent French work entitled *Eludes pratiques sur les maladies nerveuses et mentales casées sur la statistique par le Docteur Girard de Cailleux, Inspecteur général du Service des Aliénés*, one of the most conscientious and respected Alienists of France. We find on page 40 the following sentences:

“It is undoubtedly established that *soldiers, sailors and servants* in France give the greatest proportion of insane, that is, 1 in 708, whilst in other professions the proportion is

1 in 977." The author attributes this difference to the strict and severe discipline of the former and to the subjection and dependence of the latter classes who, besides their moral and material misery, are entirely at the mercy of the caprice and arbitrary power of their employers. In opposition to that servile condition, the author mentions the fact that insanity finds only one victim in 21,168 in the happy, unpretentious and laborious classes of the small land proprietors farming their own lands."

There is no doubt that in continental Europe, and, perhaps, to a less degree in England, the inferior laboring class is disqualified of every right. They must obey laws to which they have not contributed, and which are in favor of their masters. They are compelled, by chance or misery, to fill the ranks of the army. It is true, after a little time they like that life of comparative idleness during peace, and in time of war of glory and advancement; but it is a fact well known that a common uneducated soldier has no chance whatever of becoming an officer. Some of the best among the privates arrive only at the distinction and grade of sergeant. The continual trials that these soldiers and non-commissioned officers are subjected to are, with despair and drunkenness, the great causes of insanity in this class of the French nation.

We find in the same work the following quotation from Mr. Buret's treatise *On the misery of the laboring classes in England and France*: "The most advanced nations of Europe are exceedingly poor, if a comparison is made between the common stock of wealth and the population. For instance, the division of the whole income of France and of the profits of labor and industry would give annually to each Frenchman about 40 dollars. This for each family composed of four and a half persons is about 200 dollars yearly, which would not meet the necessities of such a family residing in a city. Thus an absolute repartition would be equal to general misery in France. But even the majority of Frenchmen cannot reach that position. Out of thirty millions, the first fourth must live on 18 dollars, the second fourth receives only 24 dollars yearly, the third fourth not quite 40 dollars,

and the last fourth from 40 dollars to perhaps 100 dollars every year.* Instruction and education must be distributed in about the same ratio, so that we must not wonder that 22,500,000 French are poor and ignorant, and this is nearly the moral and material condition of every other European State!

These facts explain the necessity for the French Government to direct and maintain public institutions; nay, even to assist and counsel in private affairs and enterprizes, so that the laboring class may be protected.

The French administration is bound to know, to think, to regulate for the least educated and most numerous class of citizens. But that protection must be done without opposition or control. Hence the parliamentary form of government (which in other countries suits best the people, at the same time that it is the best mode of political education) is not yet convenient for the French, who themselves declare that they must be led by some chief. Hierarchic power may have its advantages but it has also its defects, and these we find, for instance, in the administration of the insane. On page 193 of the same work we find the following extract concerning the increase of insane persons in this *département de la Seine*, (Paris and its suburbs.) Never has the celebrated Girard de Calleux better shown the superiority of the Belgian system of *l'air libre et la vie de famille*, although he, as an administrator, has declared himself opposed to it in the Société Médico-Psychologiques of France. He says: "When we study the progressive increase of insane patients treated and *remaining* in the hospitals of Paris, or of those who are sent to the asylums of other departments, and we investigate the causes of it, we find it arises:

1st. From the increase of population in the *département de la Seine* which, since 20 years, has been going on to the number of one million more of souls; nearly two thirds more than the primitive stock in 1841.

2d. From the small number of *returning-home* patients

* In the United States the minimum salary of a laborer of the lowest order, is above 160 dollars a year.

whose condition is better, though not cured, but who being supported by public charity and distributed in asylums far distant from home, are almost forgotten by their families and friends.

Now, a close and peculiar examination of each case has shown :

a. That many patients whose intellectual power remains enfeebled or low in consequence of previous attacks of insanity, might be safely removed by their friends, and by the use of a suitable kind of liberty, the benefit of friendly protection and the exercise of their own judgment and *free will*, or spontaneity, eventually recover their normal feelings and reason ; when, on the contrary, if they remain deprived of all these benefits, they themselves witness the gradual decay and final extinction of intellectual light, and their own degradation.

b. That a certain number of insane patients who might, *in other circumstances*, have been cured, remain indefinitely in asylums, because being deprived of the protection of their families, the physicians of the department or county asylums, who might, under favorable circumstances, have excited and recalled those ideas of *family-life*, by granting them leaves of absence for going home, are unable so to do.

c. That many insane patients, although *partially* or *completely cured*, do remain in the Asylum, because the physicians, under the fear of a possible relapse, occasioned either by a sudden departure for home or the emotions and difficulties experienced in Parisian life, will not take upon themselves the responsibility of sending them so far ; the more so, that their reputation might suffer unfavorably from an experiment attended sometimes with ill success, and in any event resulting in expensive journeys. More often the Asylum holds *indefinitely* the patient, (it is true with his consent,) because the *administration* has an interest in keeping a good hand, who, above his own expenses, *benefits* the institution ; instead of which, if sent home, he would be the occasion of various expenses, or perhaps be the cause of a loss if he did

not die in the Asylum, as in the latter event, *his savings* go to the funds of the Asylum.

d. Lastly, that experience has shown that *family-ties* do call forth feelings which, properly kept up, are the cause of the possibility of their going home, and that the extinction of such feelings is certain in opposite circumstances. Also, that private views, egotism and calculation taking advantage of separation and of being *out of sight*, end in the abandonment and neglect of the patient.

3rd. The increase of the number of lunatics in the *Seine department* as patent at *Bicêtre* and *Salpêtrière* is the result of committing *so called patients* too easily to the above named institutions. In fact, orders by public authority have superseded private admissions of patients, and this in consequence of a recent administrative doctrine adopted in Paris; namely, that every insane person, however inoffensive he may be, is dangerous in certain circumstances, and that in a large city, like the French Metropolis, it is unsafe to let loose in the streets any man who might in the least degree trouble the public peace, or make any attempt on the *security* of the chief of the State, the Emperor.

4th. The increase of lunatics is the consequence of the admission of idiots and imbeciles to Asylums.

5th. And also by the abusive seclusion in Asylums of such persons whose mental faculties are only a little below par, and who might be received in other charitable institutions.

6th. By the conflict of two different authorities in Paris; the *Prefect de Police*, who commits so called patients as he judges convenient, but who has not the charge of paying their expenses, and the *Prefect de la Seine*, who must pay the expenses of such persons whose admission prevents paying-patients from entering the public institutions.

Now, unless Dr. Girard de Cailleux, now one of the heads of French medical literature, had divulged those infamies, who could have detected them? Two conditions of individual liberty are publicly violated in France. The slightest suspicion of insanity, the sometimes inappreciable diminution of mental power is sufficient to disfranchise a man, and when

sent to an Asylum, a physician may not judge it safe for him to dismiss a *so-called patient* that in his conscience, he has found positively sane. Preventive justice is liable, in our times, to become a cruel and unjust tool in many instances.

But we should like to know how the administration in France explains its disregard for legal obligations and its reaction on the medical officers of French Asylums? Article 8 of the French law on insane persons, enacted in 1838, contains all the legal conditions of admittance to Asylums, and in Article 13, of the same law, it appears that patients, when found *cured* by the physician, must be sent immediately home. We do not see on what principle of justice a person of sane mind can be kept, and thus be deprived of his liberty, civil rights and civic duties, (even with his consent,) in an Asylum; still less can that motive of profit which grasps at the savings of a citizen be explained or even tolerated in a country like France. There will a time, no doubt, arrive when law will be held sacred, and will be respected as well by those who must enforce it as by those who must obey it.

The book of the *Inspecteur General*, Girard de Cailleux, is really patriotic, because it points to defects and vices in the administration. He concludes his book by two wishes—that the administration of the *departement de la Seine* may enter the broad way of science, humanity and economy and thus cease to be a *sad example* and an abomination; and that she may before Europe and France, replace the condition of the insane on its *legal basis*.

But we cannot leave the book of this honest and eminent psychologist without calling attention to the following beautiful extract: "The serious question of restraint or non-restraint is a resolved one for us. For years the best minds have been occupied in the choice of the employment, either of *morale fear*, (the writer calls it in French *la crainte chaste*,) or *servile fear*. Starting from the idea, that in spite of a man having lost some part of his dignity by a mental disease, he still preserves the characteristics of his divine creation, marks of reason, feelings, conscience and kindness; the

consequence is clear as a therapeutical indication. It consists in calling forth and preserving at least what remains of reason, and in fostering those heart-feelings, while medicinal agents act on the body. Kindness and persuasion are the only *worthy* moral means to employ with man. Unhappily servile fear has proved sometimes necessary to react on the moral or chaste fear, which is nothing but the feeling of our duties, and the desire not to hurt or displease those we love, still, when absolutely necessary, it must be employed, but for a short time only and quite exceptionally."

Since the publication of a small book on Gheel, whose title contains in a few words the very principle of the proposed reform—*L'air libre et la vie de famille*—much has been said for and against it. But it is clear that great concessions have been made by the opponents to its introduction. The original paper, published in 1852, had for its aim to prove that the most rational means of curing insanity should be *open-air life and freedom, the respect of the person, the attendance of a family and the scientific care of a physician*. That under this direction, the employment in works proportioned to the strength and taste of patients, would prove a far better therapeutical agent than any closed Asylum or *maison de Sante*. The object of that publication was obtained, public attention was attracted and discussion followed. Happily, the cause of the *Belgian treatment* found many able defenders, and, by their works, the medical public, and the public at large, were duly convinced that the influence of a country life, its pleasures, its loneliness in the fields and even sometimes its toils, were curative means. They showed, in particular, the elegant and profound writer, *Jules Duval*, that nature while attracting the mind, operates a beneficial diversion, that it calms all irritation and despair, that it has the power to dissipate deceptions and illusions, and, finally, that many inveterate chronic diseases were eradicated by her direct influence. Certainly, the *modus operandi* is not always found or explained, but the fact is patent, that rural life, employment, even the rambling in fields, woods, valleys and

mountains, restore the lost balance in the daily strife of moral anxiety or intellectual labor.

Among the most determined supporters of this truth, a young gentleman, and, we may add, a nobleman, though this adds nothing to personal value—*Doctor Baron de Mundy*—is eminent, and has published very learned pamphlets in the English, German and French languages. Independent by his character and fortune, he has taken the shortest way to attain his end, the truth, and thus has become the object of the animadversions of many physicians of high repute in the scientific world. And here we must remark, that some cannot readily admit of a sweeping reform in the Asylums they have taken so much pains to have erected for the care and protection of the lunatics, who were anciently confined in jails and considered dangerous. It is to this feeling, justifiable in a certain point of view, that we attribute the opposition of many distinguished psychopathists. Let us remember that it is only fifty years ago that the reforms of Pinel, Tuke, Laugerman and Guislain took effect. But then they were obliged, in order to convince the public to build large Asylums, to overrate their utility. The celebrated Esquirol was forced to say that an Asylum was the best instrument for the skilful psychologist, because it was the only means by which he could bring patients within his reach. But now, that psychological science begins to be taught in medical schools, and friends and parents apply for relief to specialists, is there any reason for not adopting more convenient means for the same object? There is no necessity to make comparisons between a well regulated and comfortable Asylum and the house or cottage of a simple peasant or easy citizen; all depends upon the moral effect and healing efficacy exerted on special cases. We are convinced that, in this respect, the Belgian system is more acceptable to the generality of patients than any other, including even the English non-restraint system. In the matter of economy it supersedes even the poor-houses.

Dr. Renaudin is one of the ablest writers of the *Annales Médico Psychologiques*, and is, it appears, one of the antagonists of Dr. de Mundy. In a late article of that journal, hav-

ing for its subject an analysis of Dr. de Mundy's pamphlet, "*the five cardinal questions of Asylums*," Dr. Renaudin gives us reason to suspect that he has been prompted by a false patriotism. Indeed, we might have believed some of his assertions on French supremacy, if such bombastic exaggerations were not in direct opposition with the clear and simple statement of Dr. Girard de Cailleux. Mons. Renaudin has adopted, for a psychopathist, some curious principles. For instance, he supposes that nothing good or grand can be found out of France. The Belgian system is but an Utopian scheme, (which has however centuries of practical existence ;) one has decorated with the name of *family life*, the management of lunatics by rude peasants, and the life of misery they are condemned to. * * * How dares a Moravian, De Mundy, presume to upset the French system of Asylums which, are superior to any in the world. Are not the French alienists much in advance of any others, and should a Moravian pretend to rend the veil that obscures his scientific horizon ?

Dr. Renaudin says, that in point of *non-restraint*, the French alienists have left Dr. Conolly far behind; that lunatics are more free in France than anywhere else. If a psychopathist wishes to see scientific progress he must come to France. There only he will find a good system of administration instead of the incongruous public assistance of the poor in England. English public institutions are but commercial speculations under the name of apparent charity ! In France, medical officers of Asylums are free and high functionaries, more elevated in rank than the English, who are but servants, exactly as the cook, the house-keeper or wash woman, &c., and it is the same *with Germany*. The pamphlet of Dr. Mundy betrays his ignorance, and is but the expression of charlatanism. In France, Asylums are subordinate to the Minister of the Interior and the courts of justice, who are the well reputed *defenders of French liberty*. Besides, Asylums are submitted to the *Prefects and Boards of Trustees*, whose duty it is to prevent any *evil*, if ever it could appear in a French Asylum, but who cannot also prevent the

good to be done by physicians, *if they employ the legal and proper means for it.*

All this is contradictory to Dr. Girard de Cailleux, who complains of the miseries of the insane in the *département de la Seine*, (Paris,) and wishes to have *legality* as the basis of its administration.

We follow Dr. Renaudin in his enthusiastic assertions: "France has long ago realized the reforms supposed to be *new necessities*. A Moravian Doctor would do well to study what is going on in France, a portion of Europe, perhaps, of some importance. As a writer, he ought to be ashamed to be ignorant of the progress of administration and science in France. But the plan of Dr. De Mundy was only to cast blame on Asylums in order to puff up *l'air libre et la vie de famille*. Now, who can admire a system in which either the peasant *grows rich* by the payment of his lodgers' board, or else in which the patient is subjected to the *misery* of his host, a system in which there is no medical treatment and *rarely a cure!*"

Dr. Renaudin finishes with the following conclusions: "He would not have taken the trouble to refute the Belgian system had it not been for his desire to show how efficaciously the law of 1838 is applied in France, to prove the great part taken by France in the reform of asylums, and to demonstrate the intelligent *union* which exists between the superior administration and the medical officers in France, whose intentions are that asylums for the insane shall soon be at the head of all the charitable institutions."

It is hard to understand how in the same *Annales Médico-Psychologiques* the following contradictory facts are announced: 1st. The French government has bought a very extensive estate, on which a certain number of cottages are to be built—there inoffensive and chronic patients will be taken care of by kind, honest, and laborious families, under the special management of physicians; 2d. In the *exposé* of the situation of the French Empire, the Minister of the Inte-

rior declares that "Farms have been added to most of the Lunatic Asylums. This new measure has produced the most *happy* results ; field labor, combined with medical care, has brought forth a *certain number of cures*."

The Gheel question has been treated in the same way in England as in France. The Association of Medical Officers of Asylums of England had reluctantly named a commission to visit Gheel. Nobody went. If the real character of Gheel, its principle, was faithfully represented, the resentment of many was the recompense to be expected ; and although to misrepresent and falsify is not the feeling of many others, still it was deemed wiser not to meddle. In France, a Commission was deputed to Gheel, also, by the *Société Médico-Psychologique*. One member alone went there, and reported in the name of the Commission. That report is written with a view to satisfy the majority. Then we have the report of Dr. Carmichael McIntosh ; may he have been more successful in his pictural sketches than in his description of what exists in Gheel—only his observations on the building of the infirmary with *carcere duos*, want of water, of space and gardens in the country, are but the reality and the work of the administration of Mons. Ducpétiaur.

We have not at hand the number of the *Journal of Mental Science* containing the report of a meeting of the Association of English Superintendents, in which Dr. de Mundy's proposition to discuss the *principle* of the Belgian system is treated, if not positively with disdain, at least, with little attention and less common politeness. Dr. Harrington Tuke, son-in-law of Dr. Conolly, who, in showing us round the private asylum kept by his mother in the fall of 1860, said, as a compliment, perhaps, that the house was conducted on the family-life system, declares now in that meeting that he would not go to Gheel, because his opinion is that the system of Gheel is *absurd*. Thereupon the President remarks flippantly that it would be difficult to form a commission composed of Drs. de Mundy and Harrington Tuke. Now, in spite of a poor national self-conceit to keep the *non-restraint* ahead of other systems, it is easy to see the decadence of

expensive asylums in England, where, by an unjust dispensation, some insane patients are kept confined in magnificent asylums, and others left to linger in jails or in poor and work-houses. Let the supporters of non-restraint in asylums remember that they are but half way—non-restraint must do its wonders in the free open fields. Until they will practice the Free-air System, occurrences of death from the brutality of attendants, terrible fights for death and life, struggles and murders perpetrated by the insane, will prove the danger of keeping lunatics in confinement without restraint of some form.

As we said in the beginning of this article, science has no special nationality, and medico-psychical science embraces the whole number of unfortunate lunatics, whatever be their rank, their color of skin, their religion, or the part of the world they inhabit. All benefactors of the insane, either poor or rich, have then the same right to our admiration. I remember to have read, some years ago, of a solemn commemorative feast of Pinel, in North America. However far distant from the *Maison de Santé* of Charenton, American alienists rejoice at the public glorification of the services rendered by Esquirol to humanity. But in the speech of Dr. Parchappe, inserted in the *Annales* of January 1863, the following opinions cannot pass without observation, indeed, his associates appeared to wonder at them. M. Parchappe, says the reporter, maintained, with an energy that escaped none present, that the claustral system of asylums was superior by far to that of free colonies and life in the free open air. He has specially ill-treated all late *innovations*, and proclaimed that the *walls even* of a mad-house are a remedy for insanity.

Concentration of insane—that is the law of M. Parchappe, but certainly not of the great man before whose statue he spoke, for Esquirol considered insanity as a disease that requires something more than a *wholesale* treatment. Yes, dispersion in the fields, family life, is and will be forever better than an immured life. Besides, many falsehoods are contained surreptitiously in that speech; for instance whoever of us said that the first peasant was the best person to protect *and*

cure insane patients? or that there was no more need any of psychopathists? Another question: Where and how have we tried to lower the medical profession? The reformers say, and M. Parchappe knows, that no real medical treatment can exist in any asylum in which there is not a sufficient staff of medical officers; and this applies to France, England, Germany, or America, in fact, wherever a medical officer has more than forty chronic and ten acute cases of insanity to treat.

The speech of the Inspector Parchappe was directly addressed to the material representation of Esquirol—not to his soul and the principles he has left us in his works. Matter and spirit occupy different spheres, and though united in our bodies, are often opposed to each other. Esquirol was too wise and too Christian to believe that brick and mortar were the *ultima ratio* of mental diseases.

REPORT OF AN EXAMINATION OF CERTAIN EUROPEAN INSTITUTIONS FOR THE INSANE.*

BY DR. D. TILDEN BROWN, PHYSICIAN OF THE BLOOMINGDALE ASYLUM, NEW YORK.

[The following communication contains a summary of impressions received while seeking information for the benefit of an institution almost *unique* in christendom, and absolutely so in America. The Sheppard Asylum, when completed, will be the offspring of the philanthropic spirit of a single individual, who, having “begun life on the earthen floor of a log cabin,” commenced its struggles as an orphan without kindred, overcame all obstacles and acquired ample wealth. Retaining the simple habits of his youth, he employed the rewards of his sagacity and economy in encouraging the industrious by timely assistance; in relieving the wants of the needy; in fostering benevolent efforts to improve the condition of a humble race, and closed his labors and his charities by bequeathing his whole estate, valued at six hun-

* Made to the Trustees of “The Sheppard Asylum, at Baltimore, Maryland.”

dred thousand dollars, to found and sustain an institution for the insane, whose distinctive feature should consist in this: that medical science should there be sustained by adequate pecuniary resources in its efforts to relieve the most intractable forms of mental alienation.*]

TO JOHN SAURIN NORRIS, ESQ.,

President of "The Sheppard Asylum," Baltimore:

DEAR SIR: In anticipation of the approaching annual meeting of the Trustees of the Sheppard Asylum, I hand you report of an inspection of certain European institutions for the insane, which the liberality of your Board enabled me to make during the past year.

The resolution authorizing this examination stated the object of the Trustees to be the procurement of information respecting the "construction, equipment, and organization" of such institutions, that it might be availed of in preparing their own building for its future uses, and in subsequently administering their important trust.

It was naturally supposed that such asylums as corresponded most nearly in their purpose with your own, would receive special attention. In accordance with this understanding, I sought counsel at London of the Commissioners in Lunacy for England, and at Edinburgh of the corresponding Board for Scotland. To Mr. Wilkes and Dr. Coxe, of these respective Commissions, I am indebted for suggestions and introductions, which enabled me to see favorable examples of the various classes of institutions coming under their official supervision.

None of these accorded entirely in character with the Sheppard Asylum, nor did I meet but a single close parallel to it throughout my tour. This is found at Neufchatel, in our sister republic of Switzerland, and is identical in its design and other peculiarities with your institution. I shall describe it particularly hereafter.

*See Memoir of Moses Sheppard, by President J. S. Norris, in JOURNAL OF INSANITY, April, 1857.

To an American observer, Great Britain offers a much more profitable field for study in its institutions for the insane, than any continental country. Not only have medical science and general philanthropy there combined as zealously as elsewhere for the relief of every form of human suffering, but the similarity in language, customs, and mental habits existing between its people and our own, enables us to appreciate with general correctness what we see and hear among a population differing less than any other from that we have at home.

In their social character and usages, the people of Scotland are said to resemble Americans even more closely than do the English; and an American alienist, who has just passed through the comparatively quiet galleries of an English asylum, is at once reminded of his home experience by the more energetic manifestation of individual traits which prevails among the inmates of Scotch institutions. The prevailing method of providing for the insane in Scotland is another circumstance recalling associations familiar to ourselves, since it corresponds much more nearly to our own than that of England, where class distinctions seem to obstruct the rapid extension of an admirable system, which has hitherto attained but a limited development in that part of the kingdom, though ably advocated by distinguished physicians, and by a few eminent individuals interested in philanthropic reforms.

The principal Scotch asylums were erected and are governed by corporate societies, whose members are contributors to the necessary fund, being precisely the mode in which nearly all American asylums, excepting the State institutions, have been created and are managed.

Both prosperous and indigent patients are admitted, though in most cases occupying separate buildings, the style of accommodations depending on the rate of compensation paid in each case. As illustrating the success of this method of providing places of refuge for the victims of insanity, I may say that the Gartnavel Asylum, near Glasgow, seemed to me the most complete and spacious, and its department for private patients the most liberal in its equipment of any I saw in Great Britain. Built in the Tudor-

Gothic style of architecture, and of handsome greyish-colored stone, this institution is palatial in its dimensions, and quite as impressive, in its way, as those noble relics of feudal times, Windsor or Warwick Castles. Should the two divisions for private and pauper patients be hereafter united by an intermediate chapel with lateral passages, as contemplated in the original design, it would have but few rivals, and its tasteful, amply furnished apartments for prosperous patients, and the generous allowance of space for the indigent class, with the prevailing attention to the personal comfort of all, would seem to render it the *ne plus ultra* of asylum excellence.

The seven Royal Asylums of Scotland, as this class of institutions are called, contained on January 1st, 1861, 760 private patients and 1,890 of the pauper class.

But one or two institutions for the reception of paupers exclusively have as yet been erected by the districts into which the country is divided. This system, however, is likely to be much extended, to accommodate the thousands insane now in poor-house wards. In addition to the above, there are in Scotland seventeen private asylums, containing an aggregate of about one thousand patients.

As with public institutions, so it also happened that the private establishment which impressed me more favorably than any other I saw in the kingdom, was a Scotch retreat for affluent patients. The establishment of Drs. Smith and Lowe, near Edinburgh, comprises two buildings, Saughton Hall and the convalescent house of Balgreen. The former may have been, judging from its exterior, an ancient baronial residence, and, though very picturesque, is not peculiarly convenient for its present uses. The latter had been recently erected by the proprietors with special reference to the best accommodation of its occupants, and combined more perfectly the agreeable exterior of a modern villa and the internal arrangements of a well-devised asylum, than any building with which I am acquainted. The approach to the house revealed not the slightest indication of its actual character, and the large plate-glass windows, screened from the sun by gay awnings, dispelled all suspicion of restraint. Yet, these

opened but a few inches at top and bottom, thus insuring the measure of protection deemed requisite in that division of the establishment. The richness of the furniture, and the profusion of articles of taste throughout the rooms, indicated a liberality on the part of Drs. Smith and Lowe, which met a corresponding return from the wealthy invalids, who were naturally attracted hither by this deference to their accustomed requirements. Beautiful grounds surrounded both buildings, and in the midst of them stood a tastefully decorated music-hall, containing a piano, harp, and organ, to entice the patients as by an impromptu occasion.

In England, the various receptacles for the care and treatment of the insane are classed, as: 1st. County asylums, admitting paupers; 2d. "Hospitals," established and assisted by voluntary contributions; and 3d. Licensed houses, authorized by the Commissioners in Lunacy to receive insane persons as private boarders.

Among all these classes there exists a wide diversity of merit, both in the adaptation of the building to its uses and in the general management of its concerns. Some of the more modern county asylums are not only most appropriately arranged within, but are so constructed, both as to materials and style, as to command universal admiration; being solid and beautiful structures of stone, illustrating at once the wealth of an ancient and prosperous country, and that combination of taste and comfort which characterizes the better forms of English domestic architecture. The Derby County Asylum may be mentioned as one of the best expressions of this excellence, and it would be difficult for the most æsthetic and experienced guardian of the insane to conceive, or desire, a more perfect combination of building, management, grounds, and scenery, than there conjoin for the cure or solace of the insane poor of the county.

Of the fifteen or eighteen "Lunatic Hospitals" in England, the majority are defective in their buildings, and seem to be restricted in usefulness by insufficient incomes. There are two, however, which are generally conceded to be among the best of their class, apparently containing every essential desid-

eratum for the highest success. One of these, the Manchester Hospital, at Cheadle, accommodates about eighty patients of the middle classes, and the other, the Coton Hill Institution, at Stafford, a somewhat larger number, in a style with which, whether as to apartments, furniture, attendance, or facilities for rational diversion, any *reasonable* insane Englishman of those classes ought to be perfectly satisfied. Belonging to the same order of institutions, is one possessing historical fame and interest, which yet retains its early popularity, as well as its excellent reputation among medical men. The York Retreat, founded by the Society of Friends at the close of the last century, and hallowed in the memory of every one who appreciates the spirit of beneficence which originated it, and has ever since pervaded its halls, still pursues its sacred mission of removing and relieving mental diseases. Nowhere did I observe clearer evidence of intelligent and conscientious fulfilment of the humane purposes of all such institutions. The older sections of the building were being gradually replaced by new constructions, which conform interiorly to the present standard of advancement, and as for that personal devotion of the chief officers, on which the welfare of patients must mainly depend, it was sufficiently apparent that the genius and the earnestness of Tuke still abide among his successors.

Bethlehem and St. Luke's Hospitals still continue to be occupied as *receptacles* for the insane. Any term implying a more enlightened humanity than this, would seem an insult to English intelligence and philanthropy. The Commissioners in Lunacy and other friends of the insane, have long sought to induce the removal of these institutions from the densely built districts of London to the open country, but hitherto without success. The only prospect now presented from their windows, are masses of closely packed city houses, and the usual scenes of city streets, while the range for out-door exercise is restricted to the narrow limits of small and gloomy enclosures. Of course the great value of the sites now occupied by these buildings would enable the Governors, in conjunction with their permanent funds, to provide in each case

a model establishment in the most eligible suburban positions. Each institution, however, possesses an income sufficiently generous to fortify its Governors in indulging the good old English trait of obstinate adherence to their own will, and it being their will to retain their institutions where they are, for the reason that they have existed where they stand from time immemorial, and as this reason gathers strength daily, there these hospitals will probably remain until the New Zealand artist, whose eventual arrival Mr. Macauley has predicted, takes his seat on the "crumbling pier of London bridge" to begin his sketch of the "ancient ruins of St. Paul's Church." If nothing else shall then be left of the present monumental glories of the great city, Bethlehem and St. Luke's will doubtless continue to stand to prove that nothing can so long resist the tooth of time, or the encroachment of reform as the conceit and prejudices of the Governors of a well-endowed charity.

Private licensed houses for the custody and treatment of insane patients, are even more numerous in England than in Scotland, relatively to the population. According to the fifteenth report of the Commissioners in Lunacy, there were in England and Wales, on January 1st, 1861, one hundred and thirty-four such licensed houses, containing four thousand one hundred and three insane boarders. At the same date, there were, in seventeen "Lunatic Hospitals," two thousand one hundred and forty-four patients; and in forty-two county and borough asylums, over eighteen thousand inmates. With a total of about twenty-five thousand insane to be supported, isolated from society and humanely provided for, it is not strange that the people and Parliament of Great Britain should have deemed a supervisory commission a desirable check against secret abuses. That this commission entertains more or less distrust of the system of caring for the insane in private licensed houses, is plainly obvious in their annual reports, and yet it is a system which accords more harmoniously with the domestic habits and reserve of the people than any which involves greater risk of exposing the patient to public observation. There seems to be no good reason why it should not be perpetuated under a judicious oversight by the Commis-

sioners. All that is requisite to secure a full measure of comfort and justice to the patients, and protection to the feelings and privacy of their families, is that properly qualified persons be selected as Commissioners.

The better class of licensed houses are usually the former residences of wealthy families, and may be unexceptionable dwellings for the small number of patients they contain. Several that I saw presented the appearance of cheerful and most comfortable homes for invalids of quiet, orderly dispositions, such as seemed to be the almost only occupants. How patients laboring under the excitement of acute mania can be properly cared for in buildings so devoid of necessary facilities for such service, as an ordinary private dwelling, I can not well understand. In the vicissitudes of a wet and cold winter, one would expect much discomfort to attend such experiments, even in the mild climate of England.

Notwithstanding the ostensibly ample accommodation which public and private enterprise would seem to have prepared for the insane population of England, there exists in reality a keenly felt want of further extension of this accommodation, or rather of a special form thereof. While affluent patients find a ready refuge in the licensed houses of competing proprietors, and county paupers a luxurious home in their respective asylums, another class, whose means or labor are taxed to provide thus for the non-producers of society, would, under the same affliction of insanity, be absolutely without a place of retreat, for there is no adequate provision throughout a large portion of England for insane persons whose moderate incomes raise them above want, but do not release them from pecuniary pressure under the visitation of sickness. A very large class of persons are necessarily liable to this exigency, and their system of protection of their insane which the people of England congratulate themselves upon being nearly perfect, will be incomplete until this exigency is provided for. The simple and efficacious provision in the laws of most of the American States, securing such persons admission into the State asylums at the public expense, until a fair trial of the curability of their malady shall be had, and preserving their

small property for the use of their families meanwhile, seems to have no parallel in England. Efforts are making to meet this want by the establishment of "middle-class asylums" by voluntary subscription; but should these be erected, it is contemplated to charge each patient a higher or lower sum for board.

Passing from England to Holland, attracted by the wide fame of the new asylum at Meeremberg, near Haarlem, I was well repaid by the satisfaction afforded the visitor to this extensive institution, which unites the respective features of our own State and corporate asylums. Patients of the highest and lowest social caste here dwell under the same roof without apparent offense to the prejudices of the former, since the distinctions of their previous relations are preserved by a classification which still effectually separates one from the other—the different divisions of the building having independent entrances from common corridors of communication.

The Meeremberg Asylum occupies the domain of a former noble owner, still adorned with the evidences of his affluence and taste. In the beauty of its grounds, no institution which I saw could compare favorably with this. Here were avenues nearly a mile long, and broad as those of our best parks, lined with noble elms and beeches; two large lakes which furnished the patients with amusement in fishing or skating, according to the season; dense plantations of shade trees, affording an impenetrable screen from the sun; open lawns, made to rival those of England by irrigation; and flower-gardens, such as are yet undreamt of in our utilitarian philosophy. And as if to afford a special stimulus to minds which disease might render indifferent to a monotony of loveliness, Nature has raised in close proximity to all these creations of human art and taste, a range of hills—the "sand duers" of the coast—to attract by the novelty those who tire of the artificial beauty below.

In direct contrast to this Dutch paradise, and as if to rival it in its claims to admiration, we find the Prefargier Asylum, near Neufchatel in Switzerland. From an elevated site, it looks out upon a magnificent panorama, in which Nature has

left neither excuse nor space for man to rival her own handiwork. On one side lies a landscape teeming with the wealth of agricultural thrift; on the other, the broad surface of the Lake of Neufchatel; and around, all the lofty mountains of the Jura and the snow-crowned Alps reaching in long perspective from the Bernese division to the great Mount Blanc. In the centre of such scenes the brightest jewel of Swiss philanthropy has found a setting as lovely and unique as itself. The "Prefargier Institution," as it is called, deserves our especial attention, as being an almost exact counterpart of the Sheppard Asylum in its origin and character. It is the creation of the benevolence and munificence of Mr. Augustus de Menron, a native of Neufchatel, who, having acquired wealth as a South American merchant, returned to his country, and devoted the sum of six hundred thousand dollars to erect and endow an asylum for the care and treatment of one hundred curable patients. Mr. de Menron gave his personal attention to the development of his humane design, and appears to have studied very thoroughly the whole subject of insanity in its relation to his purpose. The building, which is the joint design of Messrs. Fabret and Ferrus, two eminent Parisian alienists, and of M. Phillipon, an equally distinguished architect of France, is in the prevailing French form and style—a quadrangle intersected by corridors of communication. The arrangement of rooms is adapted to the accommodation of three classes of patients, all of whom are charged more or less for care and treatment, according to their means and the division they occupy. The first, or indigent class, are charged fifteen cents per day; the second, forty cents per day; and the third, a higher rate, which is determined in each instance by a Committee of the Managers. None but natives or residents of the Canton of Neufchatel are admitted at the lowest rate. The building is divided symmetrically between the two sexes, and each department has five sub-divisions for purposes of classification. Special attention has been given to avoid direct appearance of constraint, by omitting the usual guards from

the windows of the majority of the apartments. The doors and windows of the first story open upon airing courts, inclosed by sunken walls, which prevent elopement, while they permit views of the country, and thus no impediment to exit is necessary at the window. The dormitories of the second story have no other guards than inside shutters, which are closed and locked at night. Patients are not allowed to remain in these rooms during the day. A few strong rooms for seclusion of violent patients are amply secure for their purpose. The building is warmed by a hot-water apparatus; the radiators being placed in the apartments, and its practical operation is said to be satisfactory. It was also claimed that an adequate ventilation was secured by means of the same apparatus; but such result could not be inferred from an inspection of the asylum during the summer. A picturesque and inviting form of water-cure found at Prefargier is the lake bath. A large wooden building, constructed on the margin of the lake, contains a spacious and safe swimming bath, and other smaller baths. A portion of the building serves for laundry purposes. The swimming bath is said to be much resorted to by the patients, and I could readily believe that they should prefer it to the six hours' soaking in a continuous warm bath, in covered bath-tubs, which four men were undergoing during my visit. This mode of treatment in mental affections is much in vogue in French asylums, but some superintendents expressed much distrust of its efficacy, and fears of its bad influence in prostrating the patient.

The benevolent founder of the Prefargier Institution having died after it had been in operation about four years, his remains were buried in the grounds of the asylum. His resting place is marked by a modest sarcophagus, which bears this inscription :

"Mr. Auguste Fred'k de Menron, born 26 Aug., 1789, died 1st April, 1852."

The real monument to his memory is the noble institution which he founded. That his benevolence has been bountifully blessed, is shown by the long list of sufferers restored to health and reason in the refuge created by his bounty, and

those who feel an interest in the problem which the late Moses Sheppard, of Baltimore, prompted by the same sympathy for his fellow beings which animated Auguste de Menron, must contemplate with lively satisfaction an example which the Sheppard Asylum will soon emulate with a hearty zeal.

In Germany, I visited but a single asylum—a new one just completed, but not yet occupied, at Frankfort. Complete plans and descriptions of this and several other new German institutions for the insane, either recently opened or not yet finished, are contained in a volume issued by the Government of Hanover, of which I procured a copy. The Frankfort institution belongs to the municipality of that city, and is a very costly building, designed to receive three hundred patients. It presents few attractions to an American physician. All the windows are heavily guarded in a conspicuous manner, and many of the fixtures were cumbrous and ungainly. The whole building comprised several quadrangles, which would here be regarded as objectionable, and the interior did not compensate for this sacrifice of outer cheerfulness. It seemed, however, to be regarded as a great success, and on the day of my visit, several asylum physicians from other parts of Germany were inspecting it, and expressing warm approval of its arrangements. Porcelain stoves, such as are commonly found in the houses of the country, were to be used in the best apartments. Patients paying the higher rates were to have a generous room and a stove to themselves, while the class below have a separate room, but one stove is made to serve two patients, by placing it in an opening in the partition. This method of warming was admitted by the physician to be a concession to the domestic customs of the people, and was not employed in the apartments of the excited, demented or epileptic paupers, where steam heat would be introduced.

Throughout my tour I was surprised by the indifference prevailing among the Medical Superintendents of asylums, respecting the warming and ventilation of their buildings. Even in Great Britain there was no apparent interest felt in a matter, which in this country is regarded as of prime importance. At one of the very best institutions, the physician who

had been in charge fifteen years, told me that he had never seen the hot water apparatus in the basement, which supplied part of the warmth for his patient's comfort. It was the duty of the engineer, he remarked, to keep the apparatus in good condition. Open fires in the halls and day-rooms are found throughout England and Scotland, and seem to be mainly relied on to insure a comfortable temperature. As to ventilation: So little is the natural form esteemed, that in most modern buildings I visited, the window-sash were of iron and built into the masonry. One or two lights in each window were hung with hinges, and were sometimes open. The air in these buildings at the time of my visit was not offensive, but was often close and oppressive.

Of mechanical ventilation, by steam-fan power, so general in our large asylums, I neither saw nor heard anything. Prof. Acland, of Oxford University, physician to the Prince of Wales, told me there was not a ventilated hospital or asylum in England. He regarded the Pennsylvania Hospital for the Insane at Philadelphia, as much superior to any in Great Britain, not only in this particular, but as a whole.

In France, architectural art in its relations to the comfortable custody of the insane, seems as yet to have been as zealously neglected as the science of psychological medicine has been cultivated and developed. Not that asylum architecture has had no students or advocates, but the prevailing mode of construction seems founded on the supposition that the insane, like the sane population, are to live out of doors most of the year, and that therefore it is useless to waste much thought on their dwellings. The present Inspector General of asylums throughout France, M. Parchappe, has published a comprehensive and valuable work on the subject of asylum architecture, containing plans and descriptions of buildings in various countries, including the United States. This gentleman and other leading physicians in the specialty, have endeavored to promote the construction of new and appropriate buildings for the insane poor of Paris, but hitherto without success. Those vast caravanseries for the poor of Paris, both sane and insane, the Salpêtrière and Bicêtre, are only worthy of

mention from their historical association with the honored name of Pinel, and the immense national or Imperial institution of Charenton, though officially declared to be the model for all future government asylums, is scarcely better deserving contemplation. The best public institutions for the insane in France are found in the provinces, where there are some two or three of meritorious character. Numerous private establishments exist in the neighborhood of Paris, for the care of self-supporting patients. Several of these were seen under circumstances peculiarly favorable to my purpose, especially those of Messrs. Blanche, Moreau and Pinel. The former of these gentlemen occupies the ancient chateau of the Marchioness of Lamballe, the beautiful friend of Marie Antoinette, who expiated her friendship for the unhappy Queen in a violent death at the hands of a delirious populace. M. Moreau is the present proprietor of the institution created by the celebrated Esquirol. M. Pinel's residence was once the mansion of M. Thiers, while Minister of Louis Phillipe. There is little else to be said of these establishments than that they serve their present purpose, as well probably as any of their class, but old chateaux are not model asylums, and can only be regarded as expedients, when better structures are unattainable.

One institution of France which has attracted much attention from foreigners of late years, deserves notice for this reason. The colony of St. James, as it is called, is situated at Clermont, about 40 miles from Paris, and is in reality an immense private asylum, belonging to four brothers, the Messrs. Labitte. It contains about twelve hundred patients, a large proportion of whom are paupers, sent here by the neighboring communes. The remainder are private individuals, paying various rates of board, but all less than is charged by the institutions near Paris, even the highest rate being a moderate one. In the principal buildings there is absolutely nothing deserving notice; but at the distance of a mile, the proprietors occupy a large farm from which to provide their household with various products. A considerable number of patients of both sexes reside on the premises and perform the

necessary labor. The men are employed in tillage and the care of stock; the women in an extensive laundry. A few higher class male patients occupy the old mansion of the estate. This farm, with its residents, constitutes the "Colony of Fitz James," and gives rise to all the notoriety the place possesses. It is at once obvious that the same title might with equal propriety be applied to any large rural county asylum of England, and to every State asylum of the United States. The enthusiastic admiration which has been bestowed upon the vaunted system of colonization of the insane as exemplified at St. James, has been, in my opinion, based upon a partial appreciation of all the circumstances, and on equally imperfect acquaintance with the large institutions of other countries. I found at the main department of Clermont a former patient of my own, and through her family had opportunities for confirming the impression expressed above. There can be no doubt that the interests of a private enterprise have favored the publicity and favorable impressions respecting St. James, which have already become so wide-spread.

The conclusions to which I was lead respecting the "construction, equipment and organization" of such European institutions as I saw, and as viewed in comparison with those of our own country, may be thus stated:

First.—That considering the number of patients in any particular institution; their previous social position and mode of life; their actual personal comfort, so far as this is affected by architectural arrangements, and their appropriate classification on a medical basis, the best European asylums are not superior to the best in the United States.

Second.—That those multifarious provisions for the personal well-being and contentment of their patients, which may be included in the term "equipment," comprising the proportionate number of officers and attendants; the abundance and style of furniture, and the tasteful adornment of apartments; in the frequency of excursions to places of interest, and by rural diversions; and especially in the universal effort to render these places of abode agreeable, by surrounding them with every embellishment of landscape, gardening, and floriculture—our

hard-working, utilitarian, pleasure-despising people are in arrear of the theory and practice prevailing in the highest class institutions of Great Britain.

Thirdly.—The organization of the best European institutions, after undergoing every conceivable modification, has finally settled into that form which common experience in other departments of human effort should have suggested from the beginning. Having tried innumerable experiments with a divided authority and responsibility, and a system of checks against official malfeasance, founded on antagonism amongst the very officers whose harmonious coöperation was necessary for the success of the institution, the Governing Boards at last reached the point of view where common-sense had been awaiting them for half a century. The Commissioners of Lunacy for England are entitled to much credit for aiding to bring about this important change in that country. The result is, that simplicity and efficiency have taken the place of indefiniteness and sloth, and many an antiquated and languishing institution has awakened into a vigorous prosperity. The prevailing form of government in the asylums of Great Britain now consists of a Board of Managers, who conduct the finances, supervise the general administration, and who represent the friends of patients, and protect the interests of the institution as well as of the community, by a frequent inspection of its condition. As their agent, the Medical Superintendent, who is supposed to possess the fullest confidence of the Managers, so long as they permit him to occupy his office, has entire charge of every department of the establishment, on the supposition that the welfare of the patients is the great purpose of the institution, and that every agency employed is presumptively promoting this purpose. By this combination of responsibility and authority, it is assumed that the best qualities and highest ambition of the chief officer will be called into action.

In closing this communication, I desire to express to the Trustees of the Sheppard Asylum my cordial thanks for the generous action on their part, by which I was enabled to make a tour long contemplated, but uncertain of accomplish-

ment. The satisfaction it afforded me was not diminished by finding that in all essentials of a satisfactory provision for its insane, our own country was not inferior to the older and richer communities of Europe. Still there was much to be seen possessing great interest to an American physician, and I cannot withhold the acknowledgment that if the Sheppard Asylum has not gained much by the liberality of its Trustees in this instance, I have reaped such benefit and pleasure as will bountifully repay any service I may have already rendered your Institution, or can render it hereafter.

Desiring for the noble Institution under your charge the highest measure of usefulness in its future career,

I am, Sir, very gratefully,

Your obedient servant,

D. TILDEN BROWN, M. D.

BLOOMINGDALE ASYLUM FOR THE INSANE, }
NEW YORK CITY, April 30, 1863. }

[From the Medical Critic and Psychological Journal.]

PHYSIOGNOMY OF THE INSANE.*

BY DR. LAURENT,

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"The study of the Physiognomy of Lunacy is not the indulgence merely of idle curiosity; it assists in developing the character of those ideas and emotions that constitute the accession of that malady. What interesting results may not flow from such an investigation?"—ESQUIROL. Vol. ii., Chap. 12.

I.

What part is more deserving of the careful attention of the physician than the countenance? What study more important for him than that which has for its object the special expression of the several characteristics that are there met with?

*Translated from the *Annales Medico-Psychologiques*, March, 1863.

In truth, who does not fix his eye and mind upon this centre of the several elements of which man is composed, or, as Aristotle expressed it, upon this miniature of the entire human being? Lavater, who made physiognomy the special object of his research, discovered in the countenance a microcosm, accurately representing the king of creation. According to him, in the face may be seen all the signs of the power of the understanding, the indications of its moral force, together with its desires, its irritability, the sympathies and antipathies of which it is susceptible, the power it has of attracting or repelling external objects; in fact, the condition of its physical and animal forces. No one has pursued the study of physiognomy more than the Zurich moralist; and it is to be regretted, as Moreau de la Sarthe justly said, in his fine introduction to his works, that Lavater had not the anatomical knowledge of a physician.

The importance of physiognomy certainly did not escape the observing genius of the ancients, for the study of the indications furnished by facial expression occupies a considerable space in their writings. Hippocrates, in his work on *Prognostics*, takes great pains to describe all that relates to the face, and so likewise have his commentators and the most illustrious subsequent representatives of the medical profession.

Notwithstanding, it will readily be conceived that from the new impulse latterly given to the exact sciences, materials would be added quite enough to form a compendium of more solid and less problematical knowledge. Such has been the fact; and without citing the names of all those who have transmitted to us their observations on this subject, I shall mention Quelmatz, who, in 1748, sustained at Leipsig a thesis, entitled *De prosoposcopia medica*; François Cabuchet, who published in the year X. a series of representations of the various expressions of which the face is capable; Landré Beauvais and Double, who have left us some detailed essays on the subject of semiology. Sir Charles Bell has brought forward the greater part of the ideas and descriptions made

known in the works of Lavater by Moreau in his essay on the "Anatomy and Philosophy of Expression." All treatises on general pathology mention the importance which Jadelot, the famous physician to the hospital for children, attached to the various expressions or salient lines in the face, as well as the significance he gave to them in forming his prognosis. Kælp, in a work entitled "*De facie in morbis*," carried still further the study of these signs, and established numerous subdivisions. Lastly, Dr. Duchenne, of Boulogne, employed the electric current in the study of the facial muscles, and thus endeavored to establish the real functions of this system.

If physiognomy be an interesting subject for the study of the physician, it is more especially in that branch of the art which owes its progress to the talents of Pinel and Esquirol. In the investigation of mental alienation it is especially important to consider the numberless and frequent modifications manifested in the countenances of individuals under the diverse impressions and varied emotions experienced. Here the subject becomes much more intricate. The physical condition suffices no longer. We must not confine ourselves to the emaciation of the countenance, the greater or less extent of color in the cheeks, the degree of tone in the muscular fibres. We must connect these different modifications with those of the mental condition. We have, consequently, to examine the harmony existing between each constituent part of the visage, and its relative significance with the manifestations of an active, intelligent, and sensitive being. We must appeal to the analysis of each of the mental faculties.

I do not think any one will doubt that there can be a more useful study for the mental physician. Long ago physiologists demonstrated that the face is a mirror of the health of both body and mind; and the science of the relation of the physical to the moral has taught us that the actions of the mind, although so numerous, are represented in all their gradations by the physiognomy, and that their manner of reproduction is subject to invariable laws. It is on this account that the passions have the same expression throughout the entire human race. If disturbances so profound and abrupt as the

passions are apparent to the generality of mankind, if joy and grief act constantly through the same nerves, and on the same muscles, it follows that the other acts of the soul have recourse, for their demonstration, to similar instruments. If these manifestations are not always apparent, it is from want of ability in the observer; and the physiognomist ought to be gifted with extreme delicacy of perception, because he has to do with phenomena, it matters not whether normal or morbid, which very readily escape detection. We are thus obliged to confess that we meet in the physiognomy with the same discord that is noticed in a more elevated sphere, and are reminded that the various degrees of delirium and insanity remain perceptible on the countenance.

The absurd pretension is not, however, advanced that it is possible to read in the countenance all that an individual can think about, or every psychical fancy that may arise. Ideas and combinations of ideas, or acquired knowledge, never will be recognizable in the countenance. But the degree of sensibility, the different moods of that faculty, the capacity of intelligence, the greater or less developed influence of the will—these are subjects upon which, by means of prosoposcopy, the observation of man may throw light both in the normal and the pathological condition.

Shall I be progressing too fast if I endeavor to show that the mental trouble of the lunatic is depicted on his countenance? The following proof may be permitted: Ask an intelligent and clever artist to portray the features of a lunatic whom he has known previous to the invasion of his malady; to depict him such as he was before his mental faculties were injured. Follow him while he traces the outline during the analysis of the countenance that he is obliged to make in order to reconstitute a being endowed with reason and free will. What a beautiful study of the relations between physiognomy and the mental faculties! Unfortunately, among the medical men who devote themselves to the specialty, there are very few artists who have the power of depicting the physiognomy of the patients under their care, and consequently of comparing the expression manifested at different epochs. Many

characteristics are forgotten ; one remembers only the most prominent, and the pen is not capable of describing all the important peculiarities. The artist's pencil is essential. The possibility of supporting my proposition may be conceived by employing the method I have indicated.

The celebrated Guislain, who himself took several portraits of lunatics, which were afterwards engraved in his work, (*"Leçons orales sur les phrénopathies,"*) would not have insisted in so marked a manner on that which he styles the *mask* of the madman, if his acquaintance with art had not allowed him to analyze the changes of the countenance. It must be confessed, notwithstanding, that his physiognomical studies are still imperfect. He was not the only specialist who saw the importance to physiognomy of the art of design. Esquirol realized the thought by adding some portraits of insane persons to his immortal work. He attached great importance to such pursuits. The illustrious practitioner intended to publish more detailed observations on this subject, and for that purpose had the portraits of more than two hundred of the alienated taken. Dr. Morel, in his "Clinical Observations," has also inserted a great number of sketches. In each of these representations, it is to be regretted that, after having pointed out at which epoch of the complaint the artist was employed, the same individual was not depicted during the several stages of the mental disorder, as well as when convalescent. Esquirol did this in one case of mania only.

This gap in psychopathical symptomology is being daily filled up. I saw, in September, 1860, with the greatest satisfaction, at the Stephensfeld Asylum, a room where Dr. Dagonet employs himself in taking what appear to him the most striking types of disease. M. Morel has just constructed, at St. Yon, a photographic studio, wherein he takes the various physiognomies presented by the alienated to the eye of the physician.

In 1858, the late Dr. Ferrus, Inspector-General, caused a daguerreotype to be taken of the face of a madman who killed the much respected Dr. Geoffroy, then the chief physician.

Three portraits were taken in different positions, one full face, another three-quarter, and the third in profile.

I should very much have liked to append to this essay a certain number of photographs, and thus complete, by such satisfactory proofs, the researches to which for many years I have applied myself, for pictures are more easy of comprehension than all the verbal descriptions at one's command. I must produce somewhat later this indispensable complement to the present work.

II.

In medical phraseology the word *physiognomy* (*φύσις*, nature ; *νομος*, disposition, law,) expresses nature's manner of being, the natural facial expression of the individual, both physical and moral ; the expression of the entirety, of the combination of the special attribute of each constituent portion of the face, of the peculiar expression of every modification, whether transient or fixed, of these same parts.

But in psychopathical prosoposcopy we must understand, under the name of *face*, something more than is ordinarily understood by this term of topographic anatomy, or, at all events, we must add, in the study of the physiognomy of the insane, an examination of the different parts which have an important though distant relation with the countenance—such as the head in general, the hair, ears, &c. Each of these organs contributes more or less to complete the expression of the physiognomy, which besides, whatever people may think, very imperfectly exists, if we try to separate them.

The face, strictly speaking, is made up of the forehead, the eyes, the nose, cheeks, mouth, and chin. It is founded on an osseous framework, which is not without its value to the observer. Upon the skeleton are fixed the numerous muscular fibres, the movements of which express the varied changes of the mind. No other part of the human body has so great a number. There is no part richer in nervous filaments, and consequently of which the sensibility is more developed. In fact, without speaking of the nerves of special sense, we meet on the one hand the trifacial nerve, which gives sensation by

means of its ophthalmic and superior maxillary branches, and to some extent by its mixed offshoot; and on the other, the three *motores oculorum*, the masticator, (the nonganglionic portion of the inferior maxillary,) and the facial, which preside over motion. Many other parts, less important to our present consideration, and interspersed among the preceding, are finally covered, as well as those I have just summarily pointed out, by that protecting and sensitive covering which we call the skin.

That which is styled in the language of physiognomy the *visage*, is only one portion of the face, and extends from the upper lip to the top of the forehead.

The pursuit of physiognomy would be indeed a vain pretension if we left unnoticed the numerous pathological changes to which these parts are subjected. In fact, the morbid alterations that may happen should be kept constantly before our eyes. This is the most serious objection that has ever been advanced against the exactness of this study. I shall do no more than reply, that by analysis we are able to distinguish the cause of a pathological change, and that we may, by reason and attention, reëstablish the primitive symmetry that has been destroyed, and reconstruct the countenance in its natural condition. Therein especially consists the talent of the observer, who divines the general expression from the physiognomical data thus acquired.

But the principles essential to psychopathical prosoposcopy are not limited to normal and pathologic anatomy. The alienist, more than any other physician, ought to possess an amount of philosophical knowledge sufficient to enable him to apply to the physiognomical expression of every period of life the instinctive tendencies as well as voluntary and intellectual manifestations or operations that belong to it. It is only on such conditions that it is possible to treat a mental affection in the proper way, if we do not wish chance to determine the results obtained and the experience deduced.

Every age is subject to invariable physiological laws. Their application is not attended with difficulty, except under the influence of a certain number of very variable causes, the

study of which forms the subject of public and private hygiene. Moreover, these causes must be extremely powerful, in order so decidedly to influence the established order of nature. Psychopathical prosoposcopy is a verification of this admirable code.

Let us follow for an instant the parellel of the development of the physiognomy and of the intellectual being. This will be to us a paragraph preliminary to a description of the morbid manifestations we have presently to examine.

Man on the threshold of existence appears up to a certain point in the condition of an individual, who, about to visit a stranger whom he has never seen, and whose virtues and failings have never been described to him, is at the time of entrance in a high state of incertitude as to the manner he should assume on presentation, and the reception he is likely to meet with. The physiognomy of an infant at birth has clearly an expression of general doubt about the powers that preside over its material and psychical existence. We find no indication of the disposition afterwards manifested. It is an entirety containing in fact the elements of a differential nature that will be developed eventually, according as the various circumstances are favorable or not. The senses have as yet received no impression: the perceptions are confused. Instinctive life alone is powerful; sensibility is rudimentary. The countenance is incapable of receiving the impress of the sensations of hunger, of thirst, of pleasure, or grief. The forehead has neither the expansion nor contraction which will show themselves hereafter as the consequence of agreeable or disagreeable sensations. The eyelids, scarcely opened, display immovable pupils quite unfit to measure the amount of luminous rays adapted to the retina. The mouth has only the conservative movement of suction, and the repose consecutive to it. The lineaments of the face have yet to be engraved. The intellectual and voluntary are nearly absent.

But let a few weeks or months elapse, and see how complete a revolution has been effected. The various emotions make their way, and bring us the materials for solving this complex problem. We begin to discern which part appears set apart

for natural instinctive or intellectual tendencies, if they have not been swerved from the purpose by pernicious influences. We already notice an aptitude for acquiring. By degrees the head takes a special shape; the osseous portions solidify more and more; the face becomes more or less elongated or round, and acquires a special type; the hair assumes a definitive color and mode of insertion. The osseous protuberances attain their prominence; the fleshy masses are exercised in movement, and become proportionally developed. The repetition of these mechanical acts with their consequent traces, enables us to analyse to which faculty they are due. The expression of the look becomes the complement to these manifestations.

In proportion to the advance of age, the signs become less mobile or fugitive, and more easy of comprehension. Up to between twelve and fifteen years there comes to be painted on our canvas, in the portion reserved for sensibility, a greater or less lively impressionability, a constant agitation resulting from irresistible impulses of the instinct—a curiosity proportioned to the ignorance and the intellectual activity of the child, an imitative faculty in ratio with the power of psychical force. We there perceive the development of many sentiments and passions, such as sympathy and antipathy, the source of benevolent and malevolent affections; hatred, hope, fear, emulation, envy, timidity, bashfulness, pride, and obstinacy. The progression of intelligence is marked by distinction of sensations, birth of ideas, efforts of imagination, consolidation of the memory, the variable possibility of attention. The will, as yet, exercises but a feeble sway, and appears only at short intervals, at first by what is vulgarly called caprice, subsequently by the direction of the attention, the recall of past experience, the operations of determination.

But it is really only after the epoch of from twelve to fifteen that physiognomy becomes of importance to the observer. This arises from the simultaneous influence of the formation of both moral and intellectual habits, and the progressive development of the imagination. The character which the physiognomy has acquired at the termination of that period

is preserved evermore. It experiences some modifications ; but these, although they may change it a little, never destroy the type, which, so to speak, has arrived at its zenith at the end of adolescence. We have left the child eager after every kind of moral and physical progress. The sensibility becomes more refined by the advantages of education and social converse ; and we can admire at that age, more than others, the importance of the part it is destined to play as a provocative power, as a medium between the external and internal worlds, as a monitor of the aims of our existence, and as a necessary condition to the struggle which human liberty must sustain. A new sentiment holds an elevated position and influences all the faculties ; a sentiment which has relation to all beings of an opposite sex and of the same age—love—which may assume enormous proportions, and become a passion ruinous to the entire individual. We notice, also, all the degrees and diverse modifications of the sentient being. “The intellect does not yet arrive at its height of development, but it possesses all the kinds of faculties that it can have. The judgment is sufficiently developed to encounter the most arduous difficulties of human knowledge in science and art. The adolescent can learn everything, but he cannot yet discover and invent all that the human mind can originate. He cannot yet sufficiently observe and reason. The dominant intellectual faculties are memory, which is happy and faithful ; imagination, which is lively and brilliant, although little controlled by judgment. Hereafter will come its turn of superiority, but that time has not yet arrived.”*

Neither has the will attained the force reserved for maturer age. Insensibly the individual acquires the consciousness of power to make determinations ; he essays to give direction to his intellectual acts ; he searches, at the cost of long and painful efforts, to ratify his empire over the intellect. He already perceives the extent of the responsibility attached to the consequences of his resolutions and actions.

Let us once again consider with what precision the physi-

* Gerdy.

ogonomy obeys the orders of the soul? The affective sensations, (pleasures and pains of the body, pleasures and pains of the spirit, pleasures and pains of the heart,) the passions, have each one there its special representative, and in that place take right of domicile, according as the natural or acquired disposition of the individual, and an infinity of causes that are too numerous to be here enumerated, determine their greater or less frequent or constant reproduction. Their traces are proportioned to their duration. As constituent elements, we may mention the dilatation, the contraction, the tension of the features, the motion and repose of each of the mobile portions of the face, the vivacity, the languor of the look, the fixity or variety of color. It is at this age that the characteristic sign of the intelligence is best reflected, and this image will be more or less perfect according as the psychical influence triumphs over the animal nature, that the human being feels more or less deeply the influence of an upper world, and as his heart sympathises with that which is noble, beautiful, and generous.

To the organs that belong more especially to animal life, is due the expression of gross and bad thoughts, of wild and cruel passions, of which the lower part of the face is the most faithful mirror. The more noble sentiments seem to converge towards a higher region, and aid essentially towards the personification of the beau ideal, which is the most perfect character of that period of life. The intellectual and voluntary forces are specially represented within a triangle having the two eyes for a base, and the summit in the centre of the forehead; but the intellect is above all interpreted by the eyes.

During the two following periods, wherein youth and manhood are united, the intellect and will attain all their power. Imagination, which we have seen so influential in adolescence, so ready to combine ideas, submits to reason. In the second period, inspiration takes a secondary place with most men, and is omnipotent only with some individuals. Moreover, this creative faculty rarely persists in a high state of development, without detriment to such important faculties as the judgment and moral sensibility. Reason is really the sovereign that

ought to reign supreme in the psychological domain of intellect ; it has at its command the intellectual forces of attention, abstraction, comparison, generalization, induction, and deduction. The will is enthroned close beside him, and the two united become the source of the dignity of man. Meantime, although shorn of its beams, instinct is never entirely lost, and as Collineau has well expressed it, "man, with his tastes and desires so numerous and diverse, has never sufficient instinct to be independent of intellect, nor enough intellect to need instinct no longer."

But parallel with the development of the moral conscience, will be found to run that of a great number of passions that properly belong to this page of the physiological history of man, such as cupidity, ambition, debauch, love of gaming, and the horrible emotions it brings in its train ; hatred, jealousy, and with them dissimulation, hypocrisy, proofs of the intimate knowledge that man possesses of his power to control his passions, and in the words of Rochefoucault, "the homage paid by life to the will."

Descuret has designed a chart of the qualities and defects that are principally met with in the chief professions, adding the best marked advantages and inconveniences which are presented by each of them. An examination of this precious document cannot fail to be useful to the medical philosopher in investigating the present subject.

This is the proper place to describe the mask pertaining to each passion, and every psychological type ; but I thought I should be travelling out of the course I laid down for myself by detailing over and above it an essential part of physiognomy that may be studied in special works.

Let us proceed to the more advanced periods of human existence, the age of decline, senility. The age of decline merits a special description in woman. It is an epoch of profound perturbation, of an organic motion with variable tendencies, which may determine in her well-marked disturbances of the mental state, or recall to the healthy condition an economy the victim of sickly modifications dating from an epoch often long past. The countenance does not feel it

less than the organism and the intellect. With man the revolution is less manifest, and may almost be passed over in silence. Although the aggregate material receives different impulses, the psychical element does not perceive, in a very distinct manner, the result of the work which has been effected until old age appears.

This latter has well-marked characters. It has been the subject of frequent meditation. Diverse philosophic theories have been founded on it. It is the most positive proof we can have of the highly natural division of the three psychical faculties, a division the French school has especially employed itself in developing. It is our irrefragable proof of the dynamic alliance of the two diverse principles of nature, the material whole and the immaterial being. Besides, in considering the more lofty faculties, intellect and will, we see that both judgment and reason persist the longest and ordinarily preserve their superiority over the other faculties. We have seen the imagination decrease: that decrease continues. The exclusive products of imagination are only met with exceptionally, and the works of the learned are the result of experience and reason. Memory is also enfeebled; the organic element, which evidently plays an important part in these intellectual phenomena, loses more and more of its power of preserving recent impressions. The recollection of distant facts remains a long time, and the association of ideas is attached not less to anterior acts. The will also remains well developed, when the individual has not given up in the course of preceding years the reins of his free-will to the despotism and disturbing influence of passion. Sensibility has special manifestations. Instinct has been superseded by habit; the affections are limited; the powerful lever of love is nearly annihilated, and if we do not meet with temperance, moderation, and wisdom, we find in their place egotism, avarice, envy, and misanthropy.

In a physiognomic sense, we notice very remarkable changes in the countenance; wrinkles come to furrow it in all directions, and the furrows partake of the impulse which has presided over the movable parts. We may notice these numer-

ous pathological changes. The falling in of the jaws gives a new aspect to the face, which nevertheless loses naught of that which existed previously.

The deterioration of organs, material slaves of the psychical element, becomes an insurmountable obstacle to the manifestation of that power. The obliteration of the senses takes off and destroys the impressions produced, and the outward world no longer determines the provocative excitation of the activity of intellect. On the other hand, the natural messengers of the orders given by the latter become incapable of carrying out the functions which pertain to them; hence, this new condition appears more or less early. It may even happen that man is reduced to the lowest condition, and degraded below the brutes. The facile expression comes into relation with this intellectual decadence, and the countenance of the man thus debased exhibits merely an assemblage of features inert, faded, and without other signification than obliteration. This last termination, let us hasten to declare, for the honor of humanity, is not the rule; most frequently this decay is limited, and, in the midst of the ruins of past glory, both intellectual expressions and ineffaceable affections may yet be discovered.

Such is a rapidly executed sketch of the relations between physiognomy and the psychical development. The progress of these phenomena does not always follow the laws of progression we have just pointed out, but is often stopped at one period or other. Hence, the great difference observable in the intellect of various individuals. Whatever it be, the facial expression is always in accordance with the intellectual element.

The study of physiognomy enables us to distinguish both general and individual types. Among the former we recognize, in the expression of each passion; &c., those that are confined to certain races, nations, or families. The latter apply properly to each individual man. It has been said that no two men resemble each other, and hence some have felt justified in asserting the utter fallacy of physiognomy. Every physiognomy forms an harmonious whole resulting

from very diverse influences. We can distinguish, by observation, beyond this complex assemblage, the coördination of general types, and in accordance with the relations and development of physiognomical character which belong to them, establish the predominance of one type over the rest. By this means reason will enable us to discover the individual as he really exists.

It is not so easy as people imagine to confound a simulated with a real expression; and civilization, which imposes on a man who would live in society a nearly constant dissimulation of his mode of viewing and feeling, is powerless in hiding the real state of the mind, and lets the penetrating eye perceive its pantomimic artificiality. Every sentiment has a special mask that cannot be perfectly imitated. For this reason a searching examination will always enable us to perceive a characteristic unsteadiness in the movements or acts that denote the sentiment, an exaggeration of the expression, or the absence of one or many of the essential features of its reproduction. The effrontery of the hypocrite arises from his belief that his chicanery cannot be detected, and, in fact, he succeeds in his aim with one who has only very superficial notions of physiognomy.

After these observations I hasten to the physiognomy of the alienated, and to reply to the question which doubtless has been often put to me from the very commencement of my work: Has the madman a peculiar physiognomic type, and can it generally be recognized? I answer: Yes.

Lavater, whom I cannot avoid invoking on such a subject, proposes the following experiment: Three different portraits are to be taken. The face in each is to be divided into three horizontal portions: the first to contain the forehead, the second the nose, the third and lowest portion from the nose to the chin. The next operation is to adjust the nasal portion of the second to the frontal part of the first portrait, as well as the inferior section of the third. By this arrangement we infallibly obtain the physiognomy of an insane person. Hence he concluded that there was a manifest defect of harmony in the countenance of the alienated. This proposition

is perfectly true, and the proof thus furnished by the illustrious physiognomist is, in our mind, the foundation of that which I shall endeavor to explain in this work. But we cannot admit the consequences that he thought might be drawn from his theory of beauty. It is not a theory we invoke in our favor, but facts which serve and will serve to establish what we advance. Thus the development of the frontal region of the nose or chin cannot be adopted, we believe, to indicate insanity as Lavater proposes. We seek another criterion, and believe we are able to find it in the *tout ensemble* of the physiognomy, in the more or less evident discord in the movements of the face. However, we may say that we have met with this disproportion of countenance very frequently among individuals with some peculiarity of character or actions; and that this disproportion is met with among those who in the world are designated eccentrics or originals. But we cannot affirm that it is here an indication of insanity.

Among the alienated the face is often well-proportioned, and betwixt eccentricity and madness there is a great gap.

If we recall to mind what has just been said respecting the type belonging to each individual, and the special physiognomy formed in accordance with the development of his intellect and moral habits, it will be easy to understand what is here advanced. The relations of a patient point out clearly to the physician that the invalid has something unusual in his countenance, something they cannot precisely define, but which appears to them extraordinary. It is on this account that Dr. Damerow, in an article on mimicry and physiognomy, published in the *Allgemeine Zeitschrift für Psychiatrie*, 1860, advises a consultation with the family on the return of the physiognomy to its ordinary condition. This is good counsel, and should be adopted. The physician only sees the person confided to his care when the disease has greatly modified, and often, for some considerable time, the normal type. Besides, the shades vary so much, that it becomes in certain cases extremely difficult to recall the physiognomy of healthy individuals, notwithstanding the knowledge of character which serves to assist in their elucidation. As proof of

the general physiognomy of the alienated, I may mention, *en passant*, the sentiments of ordinary people who visit our asylums, and who discover something incongruous in the patients' countenances. Women especially, by reason of their greater sensibility, point out to us very remarkable shadowings.

I will now endeavor to describe in what this want of harmony depends, by reference to the parts of the face that appear to me most significant.

The late Dr. Geoffroy, who has unfortunately published none of his observations on insanity, has oftentimes called my attention to the importance of an examination of the countenance of the alienated. The eye, in truth, is the most expressive organ of the face, as well as its most active feature. It can confront that which is agreeable, fly that which is displeasing, move itself in a variety of ways, exclude itself, by the closure of the lids, from visible nature. Frankness and dissimulation can be thus equally recognized. The criminal, notwithstanding all his audacity, rarely looks you in the face. His look is furtive, unsteady, sullen, and has an air of indecision that betrays him continually. The honest man has, on the contrary, an open countenance, which produces confidence and engenders good-will in those who see it. "Timidity casts down the eyes with a certain grace easy of recognition, goodness inclines them towards the earth, pride carries them towards heaven; they are set on fire and made menacing by anger; hope gently directs their gaze upwards; love makes them more brilliant, shades them a little, and throws them forwards." (*Belouino des Passions*, p. 83.) Among the Chinese, the judges place much reliance on the looks of the accused.

From these few words it may be perceived what importance the organ of vision has in the countenance, and what superiority of activity it possesses over the other organs of the senses. It also forms the centre of an arrangement of great importance. A certain number of parts surround and converge towards it. According to Charles Lebrun, chief painter to Louis XIV., the eyebrow is the portion of the face

where the passions may be best recognized—it indicates the nature of the agitation observable in the eyes.

The mouth is another centre of action of the mobile parts. Without according to that organ so much importance as is assigned by Dr. Dorigny (*De la bouche humaine*), I am of the same opinion as Descuret and the principal physiognomists, that, after the eyes, the mouth is the most expressive of all parts of the face. We there find modifications of great value, corresponding to the passions of joy and grief, a state of mobility and of repose, a form which varies with certain situations, impressions, &c. The emotions of the soul that it is destined to portray are of no less elevated rank. Its office relates especially to the passions and appetites. It completes the signs conveyed to us by the eye and ocular apparatus. In the blind it acquires much more perfect expression.

The distinction between these two centres of action is very evident in what may be called the “forced” conditions of the mind. Falsehood and dissimulation may be distinctly recognized by the want of harmony of action between the ocular and buccal system, by the extraordinary mobility of the lips and their muscles. All the defects of physiognomic congruity relate more or less to these two centres. It is very easy to convince oneself of the importance to be attached to the coördination of expression furnished by the ocular and buccal centres of action. Consult those actors who have made a special study of facial mimicry. It is like taking a series of observations of oneself in a mirror, or on a sheet of ice, to carefully study our great dramatists on the stage. This want of harmony is explained by the impotence of a man who wishes to fix his attention upon several objects at once, and to direct in an harmonious manner all the motions essential to the expression of a sentiment which he really does not feel.

The investigation I have made on this subject among the alienated permits me thus to class under two fundamental heads the study of the modifications of the countenance.

According to my own observation, the type of the lunatic in general depends upon the want of harmony between the expression of the centres of ocular and buccal action. But this want of harmony resembles that observed in dissimulation, although it is more complex. Besides, the duration of its manifestations is greater, and the circumstances are very different.

In the course of his malady the lunatic has many moments wherein the facial expression assumes the normal state, or nearly so. The reproduction of the normal and morbid conditions differs in accordance with the period of the malady, and other very numerous causes. There is no case of mental alienation wherein the want of symmetry I have pointed out cannot be demonstrated.

Besides the symptoms of defective harmony, there are others which are due to the influence of the organism, and which serve to distinguish the special types of insanity, as well as the period to which they belong.

III.

It has previously been shown that the physiognomy of the lunatic has a special character. In this section I propose to study the symptoms that can be presented by the face in each of its principal constituent parts.

I am inclined to allow that deformities of the head indicate an intellectual defect, or at least irregularity. The works of MM. Foville, Lunier, Gosse, Morel, Baillarger, &c., and those of a great number of anthropologists, as well as the researches which I have myself made on this subject, afford sufficient proof of what I advance.

1st. These deformities may be congenital, the sad effects of heritage, and allied to primitive intellectual debilities, as idiocy, imbecility, and cretinism. We have met with diversities from regular microcephalus to macrocephalus and hydrocephalus, passing by all the groups which Dr. Gosse has so attentively studied.

2nd. Artificial deformities, resulting from injuries or erroneous practices which stop the free development of the intel-

lect in a direct or indirect manner, and producing convulsive affections which almost necessarily induce mental trouble.

3rd. Lastly, subjective acquired deformities, proceeding from a perversion of the natural dynamic law under the influence of pathological causes, from want of symmetry in the activity of the individual. This absence of symmetry, which is of common occurrence, is always accompanied by an irregularity of the mental faculties, a peculiarity of character, an originality, without necessarily producing mental alienation. In some exceptional individuals, a greater development of one cerebral hemisphere has been found united with very large psychical capacity. (Bichat, Napoleon I.)

But although deformity of the cranium generally indicates an anomaly of intellectual actions, it does not follow that insanity is always associated with an ill-shapen skull. To maintain this would be a grave error. Many lunatics have the cranium well-formed and perfectly symmetrical.

Important elements are furnished to symptomatologists by the hairy system. Although asserted by Esquirol, the color of the hair and beard has not appeared to us allied to one kind of insanity more than another. The popular saying that the head of the idiot never becomes grey, appears to us undeserving of confidence. But it is the condition of these products of secretion that should be considered. The softness or roughness of the hair and beard, their brittleness, dryness or humidity, their smoothness or erection, their entanglement, agglutination and length, their more or less complete change of color, their neat or dirty condition, always accompanying special periods of the malady, should not escape the eye of the observer. The scarcity or abundance, the mode of distribution, the premature appearance,* more or less loss of these protecting organs, have a not less intimate relation with phrenopathic phenomena, and are very often allied with a primitive alteration, (idiocy, &c.)

* My worthy colleague and friend, Dr. Bulard, has noticed the appearance in women, at the epoch of commencing lunacy, of a larger or smaller number of bristles in the face, which have completely disappeared with the malady.

The condition and color of the skin have great value in the eyes of the alienist physician. I think it right expressly to insist on the symptoms furnished by this organ. I have noticed some very curious morbid phenomena. Professor Trousseau has specified in his clinical lectures some very important peculiarities in the functions of the skin manifesting themselves during head affections. After the example of this learned man, I must insist on this point. Color furnishes signs well worthy attention. The skin of the face, and it is of this part alone I speak, may be dry and arid, the seat of herpetic scurvy and scaly eruptions, or may be moist with perspiration, or a liquid secretion of a more or less oily nature and of variable odor. Its color is susceptible of numerous general or partial modifications. It may be pale. This pallor has divers shades, from pure white to the slightly yellow tinge, (compared to that of straw or wax,) or earthy, brown, and bronzed. It may be of every shade of red, from rosy to vermilion, violet and purple. But season, and exposure to the sun's rays, should always be taken into consideration.

The skin may have a greater or less tonicity, and the subcutaneous, subcellular tissue be more or less elastic. It also is marked by lines and furrows, which are of importance as indicating the amount of activity of the subjacent muscles. At first, during infancy and adolescence, few in number, their formation becomes fecund in proportion as age advances, which must be attributed to the thinning of the face or the loss of the mobile parts by age, sickness, passion, and deep emotion of the soul. I think it unnecessary to describe these furrows, which may assume different forms—horizontal, vertical, oblique, sinuous, and more or less close or parallel.

The organ of sight offers for consideration its form, movements, and expression. The eyes may be more or less prominent or depressed in the orbit; the aperture between the lids smaller or greater; the sclerotic, very apparent around the pupil, exhibits a variable bluish, yellowish, or red tinge; the dilatation of the vessels very evident. Little livid or black veins may be perceived on it. The conjunctival surface may

be dry, humid, or moistened with tears; the pupils may be deformed by being equally or unequally dilated or contracted. Strabismus may be observed, a distortion of the eyes by which they look crosswise, either above, below, or to the side, twisting even during sleep. In the normal state, the ocular globe is susceptible, under the influence of the will, of numberless motions in every sense, and these motions may have a longer or shorter duration; but in the morbid state, and without their owner's control, a sort of trembling, oscillation, or vacillation of the globe may be manifested, a kind of continual or permanent convulsion, in consequence of which, most frequently, little lateral, sometimes, though rarely, up and down, movements are given to the globe of the eye.

The expression of the eye calls for special attention. The eyes are sometimes lively and brilliant, sometimes sad and glazed. Often they have a soft, dreaming look, expressive of vacuity, uncertainty, or nonchalant calmness; at other times they become animated from the slightest cause, have a lightning glance, are haggard, insolent, full of audacity, fixed and inquisitive. Each of these expressions has a different intensity and duration, and responds to very different situations.

In accordance with the protrusion or sinking of the globe of the eye, the eyelids take shape—they are swollen or œdematous; have at time a very pallid color, at others become red or blue; and exhibit wrinkles of diverse shape and in variable number. They may likewise be agitated by convulsion, or show a very significant immobility. Each lid may differ in the length and abundance of its lashes: the ciliary margin may be the seat of inflammation due to nervous excitation.

Occasionally the eyebrows are of fantastic shape. Sometimes little noticeable, sometimes strongly marked, they stand up on the forehead, or fall back on the eyes, curling after the style of moustaches.

The shape of the nose has also a pathological signification which should not be passed over in silence. Besides the color and swelling or thinness of the fleshy parts of the probosis, a careful examination should be made of the more or less easy

dilatation of the nostrils, their mobility or fixedness, the tension or the retraction of their walls. Dr. Hoffling* attaches much more importance to the signs furnished by the nose than to those given by the eye.

The mouth presents for examination the state of the lips, with their relative situation during repose, their volume, color, dryness, or humidity. The motion of the mouth has a very important signification, and leads to a notable modification of the commissure of the lips. Permanent contractions, alternations of tension or relaxation, partial or general tremor, the diverse forms of spasm, deserve much attention. These manifestations have a very decided meaning.

What we have just said relative to the motion of the mouth and lips is applicable to all the locomotive system of the face. Tension or relaxation, continual or alternate movements, immobility, may appear in various grades in each of the facial muscles.

To facial symptomatology must be added also an examination of the parotid and auricular regions. We should carefully note the pallor, redness, and swelling of the cheeks; the color, swelling, mobility, or immobility of the ears, as well as the appearance of sanguineous tumors of the auricle. Dr. Morel attaches much importance to the way in which the ears are fixed, and makes this one of the characteristic signs of his types of degeneracy.

It is of some importance to let this physiognomical survey embrace the carriage of the head, which is often noticed to be variable, according as the individual has a more or less favorable opinion of his personality, and from numerous other causes.

Such are the different symptoms that the physiognomy of the lunatic presents to us. It is unnecessary to follow their manifestations in the numerous forms of mental alienation. We must remember that Guislain has forcibly insisted on the examination of the development and subsidence of the symp-

* "Memoir on the Semiotic Indications furnished by the External Nose." (*Journal de Cooper*, 1834.)

toms of mental disease. In a celebrated clinique he has classified the phenomena of morbid incubation, the phenomena of invasion, the phenomena of morbid progress, and stationary phenomena; phenomena of morbid decrease, phenomena of convalescence; and lastly, the phenomena announcing the transformation of the malady.

These several categories of morbid phenomena are noticed in each of the mental affections, and call for incessant attention on the part of the observer. It may be conceived that the symptoms we have above enumerated will vary in accordance with the period at which the patient comes under observation. Without ceasing to belong in a marked manner to a certain period, they will yet vary according to the dominant medical constitution—according to the medium from whence the affection arose, and a number of other causes which it is not necessary to mention.

S U M M A R Y .

THE JOURNAL OF MENTAL SCIENCE AND THE LATE DR. BELL.—The last number of the *Journal of Mental Science* contains a notice of Dr. Ray's discourse on the life and character of Dr. Bell, in which we grieve to find expressions more befitting the columns of the London *Times* or *Post*, than the pages of a journal devoted to the interests of humanity and science, and "published by authority of the medical officers of the hospitals for the insane in Great Britain." Dr. Bell, the writer says, "was moved by the demon of war to go forth and aid President Lincoln's insane and hopeless attempt to force on the Southern Confederacy the mob rule of the North by aid of foreign hirelings and ex-attorney generals." Now, we quarrel with no man on account of his opinions. Any subject of Queen Victoria has an unquestionable right to believe that we of the North are endeavoring, by means of a bloody war, to prevent a neighboring community from establishing an independence to which it is clearly entitled by every principle of government recognized among us, while we regard ourselves as contending in a struggle for national

existence—but the rules of common courtesy forbid him to state his belief in offensive terms. He has a right to believe, if he please, that our friend, the late Dr. Bell, whose whole life was devoted to the cause of humanity, manifested at last the feelings of a demon, though *we* see only that lofty indignation which must of necessity arise in the soul of every true patriot, in view of the incalculable misery which reckless and unprincipled men, to gratify a thirst for dominion, have brought upon the country; but let him tread lightly on the ashes of one whose character was suggestive of whatever is honorable and noble in human nature.

DR. SANKEY ON NON-RESTRAINT.—When, nearly thirty years ago, the system, so-called, of non-restraint was announced by certain medical superintendents of British asylums, its doctrines and pretensions found as little acceptance among the alienists of the Continent as by the profession in this country. With a fairness almost amounting to generosity, the French had consented to a division of the honors of the great reform in the management of the insane, between their own Pinel and the English Tuke. Yet now, they were called upon to admit that his labors, and, indeed, all that had previously been done in behalf of the insane, were merely introductory to the new and perfect method. The star of his fame, however bright in the dawn of a new era, must consent to lose itself in the sunlight of non-restraint. Of course, such claims as these were not easily admitted, and for many years the system received little notice outside the island of Great Britain. But there, the circumstances were such that the practice, and especially the discussion of the restraint question, became a powerful means by which to urge on the slow and halting progress of asylum reform. So fixed in the popular memory were histories of the abuse of restraints in former times, that when the theory of non-restraint was once put forth, it soon became fatal to the credit of any medical man to question the least of its claims. And as completely to discard mechanical restraints in the care of the insane, made necessary a larger number of attendants, less crowded wards, and increased means of diversion and employment, their condition has been greatly improved. This has naturally tended to commend the non-restraint theory, and of late it has received greater attention and favor from French alienists, several of whom, after having carefully examined the metropolitan British asylums, have declared themselves much pleased with the practice of non-restraint. Thus a new

interest has been excited in the subject, which has called forth, among other papers, one contributed to the *Annales Médico-Psychologiques*, for October of last year, by Dr. Sankey, of the Hanwell Asylum, England.

“Placed as I am,” says Dr. S., “as one of the physicians to the hospital for the insane at Hanwell, the institution in which this system was for the first time established upon a large scale by Dr. Conolly, and having even yet many of the patients upon whom the system was first practiced, I am accustomed frequently to receive visits from the physicians of different countries. In these interviews, I have found that the greatest misconceptions exist in regard to the system itself, and it is this which has induced me to write the following pages.”

The first of these errors is, that frequent recourse is had in English asylums to seclusion as a substitute for mechanical restraints. In disproof of this, is given the evidence of Dr. Morel, who declares that among five or six thousand insane whom he saw in these asylums, not more than three were in temporary seclusion. On this point, Dr. S. admits that the idea of non-restraint has been greatly developed since it was first made the basis of a system. Seclusion in a room is much less practiced as a substitute for restraint to the limbs than formerly. In its stead, the patient is left alone for a time in a yard; and Dr. S. naively says, that “the larger these yards or airing-courts are, the less need is there of seclusion.” The padded-chamber, also, in which at first nearly all the violent patients were treated, is now but little used.

Another error of fact in regard to the non-restraint practice is, that physical restraint at the hands of attendants is a frequent substitute for mechanical means. But Dr. S. asserts, that, among eight hundred patients under his charge, this has happened in but two or three instances in the last seven years.

The most general, and the most signal misconception of all, is, however, according to Dr. S., that practically non-restraint is only a modification of restraint. It is supposed, in fact, that the use of restraint reduced to the most moderate degree of frequency, and to its least offensive forms, is really neither more nor less than the non-restraint of the English physicians. So far from this being true, says the writer, the two systems are fundamentally and totally different. And he proceeds gravely to assure us, that this difference is one of principle; that the principle of the new method is based upon the influ-

ence which one mind may exert over another; and that it consists in the moral impression produced upon the insane patient by the public declaration of the absolute disuse of mechanical restraint. The basis is certainly a very broad one for the use of a rather limited specialty, and we submit that it is not competent for a few of its members in England to appropriate to themselves its whole extent. But this is, perhaps, somewhat less absurd as a logical starting point than that of the abolition of restraints for the limbs, and in its stead immuring the whole body in a padded-room. It is now stated that the disuse of the camisole, &c., is a mere matter of detail, and quite secondary to the very proper generality which does duty as a grand first-principle. This is nearer as it should be. Do we not all know, and cannot the Society of Friends affirm, that the Golden Rule, for instance, is a more manageable text than that which bids us not to resist evil? Some measure of restraint is found to be necessary among the insane as well as the sane, and it is best not to set up a working system on the "counsels of perfection," which, no doubt, are perfectly adapted to the millennial state. But why a "system" at all? Is there not too close a parallel between the method of Dr. Conolly and that of Hahnemann? Both set forth as primary principles something indefinite or irrelevant. Both decry the value of all that experience and genius have wrought out before them. Each classes all that refuse assent to its wholesale and gratuitous assumptions into an opposing system, which it paints, of course, in colors of its own choosing. One imagines a system which it calls *Allopathy*, and describes it from the doctrines of the mediæval physicians. The other combines all the horrors which belonged to the condition of the insane before Pinel, and terms the product "the restraint system." Both are indirectly the means of more or less temporary good; but both, by diverting from the study of disease in the spirit of true science, and by debauching the popular mind, are most powerful hindrances to the progress of knowledge.

It is not pretended by Dr. S. that any new means of treatment have been discovered by the advocates of non-restraint; but those already known to physicians of no exclusive method are, with the most refreshing assurance, claimed and described as the products of the new system. It is only just to say, however, that the manner in which these means are discussed shows the writer to be not behind the foremost of his profession in the zeal and knowledge necessary to the duties of his responsible position. The agencies to be brought to bear in

the cure of insanity he divides into the positive and the negative. The former consists in the removal of the patient from all the excitements of friends, business, and society, and the placing him under such conditions as to avoid all similar influences. The second, or positive means, are treated under the heads of amusement, occupation, and association. The extent to which all of these have been cultivated at Hanwell, and in other British institutions, entitles them to great credit, although their good work may have been connected with an absurd and ungenerous theory. But as in other countries equally good results have been obtained without any such aid, we are sure that still further progress is possible in the direct and dignified paths so suited to the nobility of true science.

INAUGURATION OF A STATUE OF ESQUIROL.—We learn from the *Annales Medico-Psychologiques* that on the 22d of November, 1862, a bronze statue of Esquirol was inaugurated, with due ceremonies, at the *Maison Imperiale* of Charenton. About two hundred medical men were present, representing most of the principal asylums, the Academy of Medicine, the Medico-Psychological Society, and the medical press. There were also members of the family of Esquirol and civil functionaries in attendance.

M. Parchappe presided, and in an eloquent speech presented the Institution of Charenton as a model one, vigorously sustaining the method of treatment by special asylums in opposition to the plan of agricultural colonies, now so much advocated. M. Calmeil, in a learned address, traced the history of insanity from the earliest to the present time. The eulogy upon Esquirol was pronounced by M. Baillarger, who showed how much the modern science of mental medicine owes to the genius of his master, especially in his having first described that most important malady, general paralysis.


The statue represents Esquirol as seated. In his right hand he holds the ancient style, and is in the act of writing upon tablets. At his feet, and partially sheltered by his mantle, is the figure of a youth, an insane patient who seeks his aid. The whole is the work of M. Toussaint, and is most satisfactory, both in its design and its execution.

A SUBSTITUTE FOR BRANDY IN CASES OF EXHAUSTION.—When lean beef, chopped up, is inclosed in a jar, and subjected for an hour or more to heat, it separates into three portions—fat, fibre, and liquid essence. The last is strained off, and the

fat separated by means of blotting paper. It is a clear, amber liquid, of an intensely aromatic smell and taste, very stimulating to the brain. Different samples of meat yield various quantities of it, and it contains a variable proportion of gelatinous matter; but when prepared from old, lean meat, it is darker in color, and contains scarcely any gelatinous matter. When evaporated to dryness, it yields about one-sixteenth of solid residue, but this, too, is subject to great variety. The extract soon effloresces with the saline matter contained in the meat.

This is not intended as a substitute for common beef tea, nor for common broths or soups, the gelatinous elements of which are of the highest value, but it is recommended as an auxiliary to and partial substitute for brandy in all cases of great exhaustion or weakness, attended with cerebral depression or despondency. It is free from anything that loads the stomach, and appears to exert a rapid and remarkable stimulating power over the brain. It is, therefore, an antidote to the conditions which are apt to lead, through mental depression, to the pernicious habit of spirit-drinking. In the sequelæ of severe and exhausting labor, it is invaluable.—*Dr. Dr Witt—Trans. of the Obstetrical Society of London, Vol. III.*

EASTERN LUNATIC ASYLUM, VIRGINIA.—By direction of the Secretary of War, Dr. C. H. Nichols, the accomplished Superintendent of the Government Hospital for the Insane, Washington, visited the Eastern Lunatic Asylum, Williamsburgh, Va. This is the oldest asylum for the exclusive treatment of the insane in the United States. It has stood on debatable ground, but since the occupation of that village by the Union Army in 1862, has been in charge of the United States Government. The present medical officer is Dr. James L. Watson, Assistant Surgeon 139th Regiment N. Y. V. It contained at the time of its inspection 216 patients; white 191, colored 25. The physician and attendants seemed intelligent and humane, and the institution seemed to be under proper discipline. The Asylum, like most of the public buildings of Eastern Virginia, has neither water-closet nor urinal, nor proper sewerage or water supply. Dr. Nichols did not advise any change in the management of the institution under existing circumstances.—*American Medical Times.*

 Ticknor & Fields, of Boston, announce for publication, October 17th, MENTAL HYGIENE, by Dr. Ray, of the Butler Hospital, Providence, R. I.

MURDERS BY THE INSANE.—Two criminals, accused of murder, have been, during the past week, acquitted at the Central Criminal Court on the ground of insanity. One, an elderly man, named Thomas Lidbetter, killed his wife and his imbecile son by cutting their throats. When taken, Lidbetter offered no resistance. On being formally charged, he said he “knew all about it,” but that he did not know what he was doing at the time. Evidence was given that he had latterly become taciturn, eccentric, and irritable. Mr. Evan B. Jones, Surgeon, of Hanover Street, Hanover Square, said that he had known the accused for some years, that he had attended his wife when she gave birth to the imbecile child. The prisoner’s conduct was most considerate and affectionate at that period; but he was always a strange, odd man, peculiar in his manner, taciturn and incommunicative. Originally he appeared to have been feeble-minded, and, after injuries to the head, received in 1856 and 1859, his perceptive faculties became less acute, and his eccentricities more strange. Mr. Gibson, Surgeon to Newgate, on the contrary, deposed that the prisoner had been under his care for a week, and in his opinion was now in a sound state of mind.

Lord Chief Baron Pollock very naturally expressed his surprise that no medical man had been called on the part of the prosecution, to speak to the prisoner’s state of mind at the time of the alleged murder, and on Mr. Metcalfe, the prosecuting barrister, proceeding to cross-examine Mr. Gibson as to the effects of intoxication on an enfeebled intellect, his Lordship interrupted the examination by saying, that “An inquiry involving the life or death of the prisoner was not to be made the sport of a cross-examination as if it were an everyday matter.”

We are heartily glad that our judges are becoming more alive to the extreme danger of eliciting medical opinions on such difficult matters as criminal insanity by the process of cross-examination, a method which not only in the large majority of cases fails to extract the real opinion of the scientific witness, but in no small proportion leads him on to expressions or statements which to bystanders bear an entirely different meaning from that he intends. This result may be a triumph of forensic skill, but it is fatal to justice no less than to scientific truth.

The other case was one in which the insanity seems to have been dependent on pregnancy. The prisoner was a married woman, twenty-one years of age, and four months advanced in pregnancy. She had been twice *enciente* before, and during

those periods had suffered from great despondency, and had always exhibited a peculiar horror of knives and razors. She murdered her child by cutting its throat, and then attempted her own life, first by wounding her throat, and then by throwing herself out of window. She also took laudanum, which was detected in some fluid she vomited. This at least appears to have been an instance where the catastrophe might have been foreseen and prevented. Yet, probably, any physician who in her previous pregnancies had recommended restraint would have had some difficulty in proving to a jury its necessity, if proceedings had been taken against him for wrongly signing the certificate of lunacy.—*Medical Times and Gazette*.

SUICIDE IN BAVARIA.—M. Majee in his work on this subject states, among other motives for suicide, that the price of food has great influence upon it, especially during the last few years since food has so greatly increased in price.

Suicides increase in proportion to the increase of the population, but in times of great political agitation the number of suicides diminishes, increasing again when quiet and order are reëstablished, doubtless the result of hopes deceived.

Suicide, he remarks, is also more frequent in towns than in the country, but that may be accounted for by the greater amount of population in the former.

Sex exercises an influence on this malady, as men are attacked in greater numbers than women, the proportion being four to one; now as this difference relative to sex is not found in mental affections, although in the number of crimes, suicide can be but rarely attributed to a derangement of the intellectual faculties.

Violent deaths by suicide, by assassination, or by accident, taken as a whole, are three times more frequent among men than among women, and suicides by women are of more constant occurrence in towns than in the country. The greatest number of people commit suicide when arrived at manhood. In Bavaria the maximum occur between the ages of forty and fifty; under forty years of age and over sixty, there are more women in proportion; whilst between forty and sixty, there are more men who commit this crime.

In a given number of people, suicide is found to be three times more general among the Protestants than the Catholics, and about a third more frequent than among the Jews. In mixed provinces, the frequency is in an inverse ratio to the number

of the Catholic inhabitants. By way of compensation, crimes are more universal among these latter.

In agricultural populations this crime is nearly four times as rare as it is in industrial populations, and in years of dearth the proportion seems to increase in the towns more than in the country. Suicide, at least in Bavaria, is rather more frequent among married people; crime, on the contrary, is always more constantly committed by the unmarried. About half of the number who commit suicide enjoy good health; intellectual derangement has been satisfactorily found to exist in about a fifth, and bodily affections in about a fourth.

The greater number of patients were little favored by family or fortune; but in about two-fifths their position and circumstances left nothing to be desired. Suicides from mental causes are more common among Catholics than Protestants.

Death by hanging is the method selected by half those who commit suicide in Bavaria and Germany; then, drowning by about a fourth. Ladies generally choose this latter method.

The greatest number of suicidal deaths occur in June, July and August; the smaller number in the cold months of November, December and January.

We see again in these facts how much the crime of suicide is influenced by national customs and modes of life. The Bavarians follow the English in that hanging is with them the most popular form of self-destruction.—*Social Science Review*.

ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS FOR THE INSANE, GREAT BRITAIN.—The annual meeting of this Association was held on Thursday, July 9, by permission of the President and Fellows, at the Royal College of Physicians. Dr. Kirkman, the retiring President, resigned the chair to Dr. Skae, of Edinburgh, who delivered an able address. There was a numerous attendance of members, among whom were Dr. Conolly, Dr. Thurnam, Dr. Monro, Dr. W. Kirkman, Dr. Sherlock, Dr. Wood, Dr. Duncan, Dr. Fox, Dr. Wollaston, Dr. Willett, Dr. Crichton Browne, Dr. Hertz, of Vienna, etc. The resignation of Mr. Ley, for many years Treasurer of the Association, President 1848, was received with much regret. The following officers of the Association were elected:—President-elect, Dr. Monro; Treasurer, Dr. Paul; Editors of the *Journal*, Dr. Lockhart Robertson and Dr. Maudsley; Secretaries for Scotland and Ireland Dr. Rorie and Dr. Stewart; General Secretary, Dr. Tuke.

Twenty-two new members were proposed, and the following distinguished psychologists elected honorary members:—William Lawrence, F. R. S., Surgeon to the Bethlehem Hospital; Dr. Delasiauve, Editor of the *Journal de Médecine Mentale*, Physician to the Bicêtre, President of the Société Medico-Psychologique of Paris; Dr. Girard de Cailleux, Inspector-General of Asylums in the Prefecture of the Department of the Seine; Dr. Moreau de Tours, Chief Physician of the Salpêtrière; Dr. Damerow, Physician of the Halle Asylum, Prussia; Chief Editor of the *Allgemeine Zeitschrift für Psychiatrie*. A carefully written paper was then read by Dr. Eastwood, on Private Asylums, Papers by Dr. Robertson and Dr. Maudsley were on the list, but the time of the Association was occupied in a long and animated discussion upon the questions involved in the proposed removal of Bethlehem Hospital. Upon the motion of Dr. Lockhart Robertson, seconded by Dr. Conolly, the following resolution was carried unanimously:—"That the members of the Association have regarded with especial interest the question of the removal of Bethlehem Hospital to a site more adapted to the present state of psychological and sanitary science, and affording enlarged means of relief to the insane of the middle and educated classes in impoverished circumstances, and that they desire to express their concurrence in the representations already made to the governors of that important institution by the Commissioners of Lunacy." The annual dinner of the Association was held at the Freemasons' Tavern, Dr. Skae, President, in the chair. Among the guests were Dr. Bucknill and Dr. Hood, honorary members; Dr. Webster, Dr. Russell Reynolds, and Mr. Skae.—*Medical Times and Gazette*.

DR. LAYCOCK'S CLASS OF MEDICAL PSYCHOLOGY AND MENTAL DISEASES, UNIVERSITY OF EDINBURGH.—Questions at the examinations held July, 1863, for certificates of proficiency, propounded conjointly by the Commissioners in Lunacy for Scotland and Dr. Laycock:—1. Give a synopsis and description of the different forms of mania. 2. State the physiognomical aspect, symptoms, and treatment of acute melancholia. 3. Discriminate between illusions, hallucinations, and delusions, and illustrate by examples. 4. What are the most common cerebral lesions found after death from general paralysis? 5. When may insanity be regarded as incurable? 6. Under what conditions would you feed the insane artificially? Describe the processes followed, and state the reasons for preferring any particular process. 7. What results may be

expected to follow from the efforts now being made for the education of idiots and imbeciles? 8. State how a Practitioner should proceed in diagnosing the mental condition of a person presumed to be insane, and what precautions are needed in forming and expressing an opinion? 9. A clinical report on a case examined by the candidate at an asylum.—*Medical Times and Gazette.*

LUNATICS IN WORKHOUSES.—The Commissioners in Lunacy state in their last Report that they have never ceased to be of opinion that workhouses are altogether unsuitable for the treatment of the insane, and that many curable cases are thus kept in the gloomy unfurnished wards, with low diet and narrow airing courts, until their disease becomes chronic and their cure hopeless. Yet a return just issued stated that in the single year 1861 no less than 5072 lunatics were received into workhouses in England and Wales. In the majority of instances there is no lunatic ward in the workhouse, and the insane, if not dangerous, are mixed with the sane.—*Medical Times and Gazette.*

DE LUNATICO INQUIRENDO.—The medical profession of the present age, can safely boast of having made great strides towards the advancement of science in general; for the science of medicine, embracing the entire animate and inanimate nature, its discoveries radiate through everything. The microscope has enabled us to penetrate the mysteries of the minutiae; the ophthalmoscope, (a branch of the microscope,) to bring to our view the camera obscura of vision; the laryngoscope, to alleviate diseases of the respiratory organs. Chemistry, a legitimate branch of the medical profession, has extended its fields. Agriculture, the fine arts, mechanism, commerce and every branch of human industry is indebted to our profession for a clearer understanding of its pursuits, simplifying its mode of operation, and economy of labor and means. Chemistry has increased the means for the cure of diseases, but a few years hence considered beyond our reach. It makes the poisoner tremble, as he mixes the deadly draught, when he remembers that, though his victim sleeps the silent sleep of death even for years, the physician, the watchful guardian of life, is enabled to bring to light the infamy of the evil doer. It is impossible for me to enumerate, even to a slight degree, the many advantages accruing from the pursuits and researches of the medical profession, the gratitude and esteem the world owes to our science; suffice it to say, that

the day is not far distant when our profession, the noblest of mankind, will be acknowledged as such. But much, very much depends whether our aims ascend high to the demands of a science, or descend to the mere pursuits and duties of a business.

In acknowledging the great merits of our advancement, in a material point of view, I am constrained to admit, that in a philosophical point of view, much must and can be done; for who has not blushed with shame and sorrow, that in courts, in cases *de lunatico inquirendo*, the ablest members, the stars of our profession, have been held up to ridicule, so that juries have been confused by conflicting and contradictory testimony, that judges have been compelled to admit, both in this country and in England, that the testimony of physicians, in cases *de lunatico inquirendo*, cannot be relied upon.

We all feel a deep interest that the odium now resting upon us should, if possible, be removed. I do not feel myself adequate to the task, but allow me, gentlemen, to make a few suggestions which may give an impetus to further inquiry among those better qualified for the task; not only to remedy the existing evil, but to correct errors and incoherencies in this most essential branch of medical jurisprudence, and to elevate the standard of our position. Permit me to divide medical jurisprudence in two separate and distinct branches. 1. Material. 2. Philosophical. 1. The material branch embraces everything which may be demonstrated by the aid of our material sciences, poisoning, infanticide, traumatology, etc. 2. Philosophical branch, relating to mind in opposition to matter. As physiology describes the condition, of the human body in its normal condition, and upon that knowledge alone rests the pathology; so teaches psychology the healthy condition of the mind, and upon that knowledge rests the pathology of the mind—*insanity*. Much has been done, and much needs to be done in the preliminary education of the physician of this country. His preparatory training should be thorough; a classical education may not be, to our general view of utilitarianism, necessary to make a practical physician, but permit me to say, and to say it emphatically, that it philosophizes the mind and assists him through life to become a fine and penetrating diagnostician, both in maladies of the mind and body. Now, psychology forms one of the separate and distinct branches of the gymnasiums and lyceums, the preparatory schools for universities almost throughout Europe, and I therefore would enjoin upon the leading men in our profession and education generally, to embody this branch of philosophy

in the higher schools and colleges, and if possible, in our medical colleges, as a necessary appendix to medical jurisprudence. Under the present system of medical jurisprudence, in cases of insanity, the rule is, to call men, as mere experts, men who have charge of lunatics or lunatic asylums, to corroborate either the views of the prosecution or the defence. That men without compass, without an established guide, relying solely upon their individual opinion or experience, must at times waver, is not only owing to the fact that they have to wrestle with an abstract science, but they wrestle without any of those aids by which the study and knowledge of abstract sciences are generally alleviated. That this deficiency exists, none will be able to deny, and the question is, how can this be remedied? Far be it from me, to propose myself as the candidate for so laborious a task, and should I have succeeded in securing the attention of the profession to this work I shall be ample repaid for the slight labor which I have bestowed upon it. The men entrusted with this task by this honorable body, should,

1. Ascertain the present state of literature upon this subject, with a view to ascertain its deficiencies.

2. To establish undeniable and firm truths by which the physician may be enabled to ascertain the condition of the mind diseased, and which truths should be able to protect him from contradiction of mere experts, in courts of law.

3. To ascertain the condition of the laws appertaining to this branch of medical jurisprudence in other countries, especially France and Germany; for to judge from the records, there appears to be less discrepancy and confusion in those countries than in our own and England; and elicit therefrom the materials, not only for a text book and authority, but also to glean from the perusal of those laws, whether the law by which a person declared insane, is held in duration, which is, at the present time, extremely superficial and sometimes hasty, might not be remedied.

The Legislature of our State looks to us for any reform, in this matter, and if reform is necessary, it is our duty to give it the necessary attention.

4. New forms of insanity, moral insanity, claim to be recognized as distinct diseases of the mind; to decide whether the existence of such diseases should be acknowledged, and what effect such acknowledgment would have upon crime.

5. In cases of crimes perpetrated under mania a potu, how far adulteration of the beverage consumed influenced the mania.

6. What progress has been made in what is termed "organic theory" of mental diseases, and how far practicable the adoption of such theory might be.

7. The Governor, in his Message to the Legislative bodies, has recommended a Commissioner of Lunacy, to visit the institutions, for the confinement of this unfortunate class of our fellow creatures; and it may be the province of our body to ascertain, whether it may not be equally necessary to establish a *commissio de lunatico inquirendo*, which should become a permanent board, to decide questions of lunacy in all its different branches; such a body being in existence in France and Germany.

And now, gentlemen, let me again assure you, that my motive for bringing this matter before you, has been purely to arouse the attention of the talent of our profession to this momentous question, and should I have been successful in doing so, I have been amply rewarded for these few hastily and perhaps illogically written lines.—*Dr. Julius Auerbach—Trans. N. Y. State Medical Society, 1863.*

A CASE OF INSANITY.—In April of the year 1861, I was called to see a patient, in whose subsequent history I became deeply interested. The invasion and early symptoms of the disease exhibited no marked peculiarities, yet in its progress, in the social and legal entanglements which complicated it, in its development and termination, it contained lessons of instruction and warning, which, if heeded, may serve to rescue some of the unfortunate insane from a similar fate.

From the relatives I learned the following facts: His age was about forty-seven years; he was married and had several children. He was a farmer of good business habits, and had always sustained a character for piety, probity and honor. When about nineteen years of age he suffered an attack of insanity of nearly a year's duration, for which he was treated at the Brattleboro Asylum. From this attack he recovered, and entered upon active business. Some five or six years previous to 1861, he was considered insane by his intimate relatives, and legal proceedings were commenced for the purpose of having a committee appointed of his person and property, but he began to improve, and proceedings were suspended. He recovered. I was informed that he had shown an unusual degree of mental activity during the six weeks previous to my being called to see him. There was some slight cause for the attack, sufficient, perhaps, to kindle disease in a person so predisposed as this patient was to mental disorder.

He had been absent from home for a few days, and on his return he left the train at a station several miles from his own house, and started to go the remaining distance on foot. Some person observing his excited manner, procured a carriage hoping to get him to ride. This he refused to do ; and although the night was dark and rainy, he left the road, passed across the fields, and reached home, wet, muddy, exhausted and delirious. The next day he was seen by his family physician. He found him in bed, with some febrile disturbance, pulse 100, skin warm, with nervous excitement and some delirium. It became necessary to employ men to take care of him in consequence of his improper conduct towards women.

It was but a few days subsequent to the commencement of the disease that I first saw him. He was still in bed ; his manner was variable, passing quickly from a condition of calmness to one of great excitement, but not of incoherence. His pulse was increased in frequency, and the circulation was irregular. I observed the quick swelling of the veins of the head and face, the peculiar brightness of the eye, and the nervous tremor of the facial muscles. He said that he was excited and nervous ; that his head felt full and uncomfortable. He had exalted ideas of his wealth, of his business capacity ; and generally, the mental condition was one of exaltation, bordering on delirium. I advised rest in bed, quiet, and the usual remedies to remove the nervous excitement. Four days afterwards he was brought to Brigham Hall, for care and treatment, his friends finding that they could no longer control him. For the first few days he was excited and irritable, sleeping but little, with very exalted ideas of his personal importance. All these symptoms gradually gave place to healthier action, and at the expiration of two weeks he was calm and apparently rational. His wife came to see him, and he persuaded her to take him home, promising to return after two days. The two days expired and he did not return. The quiet of convalescence was soon followed by a return of excitement, and no further measures were immediately taken to care for or restrain him. Thus the case progressed till the month of July, when a writ was issued, and a jury was summoned to examine into his state of mind. He had been absent from home a great portion of the time, was estranged from his wife and his nearest kindred, and generally neglectful of his ordinary duties and habits, nay more, he had become licentious and intemperate. I was subpoenaed to attend the examination. The patient was present, and conducted the defence mainly himself. His mental condition was one

of increased disorder and excitement, but still free from incoherence. His flow of thought was rapid, his wit sharp, and his belief in his own powers unbounded. He interrupted the witnesses, would yield to no obedience of the Court, and yet, withal, shrewdly managed to keep the sympathies of the jury.

According to his theory, he was persecuted by his relatives, who had conspired to destroy his peace and get possession of his property, for their own private gain. I gave the court and jury my opinion of his condition, and the probable result unless the disease should be arrested, but it was evident to me that the doctor was looked upon as an interested party. The patient remarked to the jury that I was connected with the conspiracy against him, in which the jury seemed to concur, by giving a verdict that he was fully able to take care of himself and his property. Thus he was left by a jury of his neighbors to disprove or verify my diagnosis.

Three months passed away and another writ was issued, and the examination was ordered to be held in Canandaigua. The testimony before the second jury, disclosed conduct so licentious, expenditures of money so lavish and wasteful, in brief, a change so complete as to leave scarcely a trace of his former habits and character, and without a moment's hesitation they found him insane and a committee was appointed. The foreman of the first jury was a witness, and in sorrow admitted the grave mistake of their verdict.

As soon as the patient could be found, for he endeavored to evade pursuit, he was brought to us the second time, on the 1st of November, 1861. The excitement gradually subsided; and by the 1st of February ensuing, had quite disappeared, giving place to symptoms of approaching depression, which had been anticipated. Among the earliest indications of this change was a disposition to suicide, rapidly increasing in strength, great disturbance of the nervous centres, extreme agitation and apprehension. The digestive organs soon began to suffer from defective innervation, medicines were powerless, the delusions became terrible in their character and intensity, and in a short time all food and care were resisted with desperate energy. Medicine and food were administered forcibly for a few days, but the nervous energies were exhausted, digestion and assimilation had ceased, and the patient sank and died February 25th, ten months after the commencement of the attack.

This case furnishes a very perfect type of one phase of in-

sanity. The prominent disturbance of the emotions and propensities, with impaired self-control in the first stage; the gradual increase of mental excitement, the exaltation of ideas, and, next in order, delusions; the duration of this stage of the malady, its progressive change to the state of depression, the extreme violence of the symptoms, with the impaired vitality resulting from the long continued excitement, the fatal termination, all, together, present an instructive combination of symptoms. The case presents other points of professional interest. Here was a patient, who, at the age of nineteen years had been insane, again at the the age of forty years had shown unmistakable symptoms of mental disorder, and at the age of forty-seven years attacked as I have briefly described. He was placed under professional care and soon began to convalesce; against advice and warning of the danger which threatened him, he was prematurely exposed to irritation and excitement. The disease was rekindled and progressed for three months, when a jury was called, and after examination, professional judgment, based on all the facts in the case, was again disregarded.

We have here presented a complete illustration of the difficulties surrounding the medico-legal relations of insanity in its early stages. Had this patient remained under treatment in the spring, his recovery in all probability, would have been complete. This was prevented by the injudicious action of his relatives. Again, in July, it was not too late to have saved him, but popular ignorance stood in the way in the shape of a jury of twenty-four of his neighbors, who thought that about the same extent of knowledge would suffice to enable them to judge of mind and matter, to solve an intricate question in psychological medicine, or to turn a furrow in their fields.

It will be remembered that the earliest indications in this case observable by his neighbors, pertained to the moral and emotional function. They saw excitement, anger and kindred passions, they heard the patient's reasons therefor, and believing his statement, they reached the same insane conclusions. Certain I am that ignorance, rather than wit, is

* * * * * sure to madness near allied
And thin partitions do their realms divide.

It is to expose this ignorance, in the light of the disastrous progress and termination wrought by it in a single case, that I have been induced to give this patient's history.—*Dr. Geo. Cook—Transactions of N. Y. State Medical Society, 1863.*

BETHLEHEM HOSPITAL.—On Friday, Lord Shaftesbury brought the question of the removal of Bethlehem Hospital before the House of Lords. He founded his argument in favor of its removal on the unfitness of its present site for the cure and treatment of lunatic patients. He said that of late years great progress had been made in the treatment of insanity. Cheerful situation, open space, and plenty of means of air and exercise are now considered necessities. Agricultural pursuits for a large class of patients, and for others pleasant walks and the means of gardening, are of primary importance. The present site of Bethlehem is not more than seventeen acres, and it is situated amid a dense and rapidly increasing population. The windows of adjoining buildings overlook the gardens, and exercise in the open air free from observation is impossible. As to anything like agricultural occupation, it is manifestly out of the question, and there is no sufficient space for horticulture. The construction of the building is entirely at variance with the principles of treatment now held. Such buildings should be cheerful, open to the sun, and have nothing to depress the spirits. The present Hospital was constructed at a time when strait-waistcoats were in vogue, and every patient was immured in a gloomy cell. He alluded on these points to the published opinion of the Commissioners, and to those of Drs. Conolly and Webster. He showed that the governors, instead of being losers, would be absolutely gainers by accepting the sum of £150,000 offered to them by the governors of St. Thomas's; that they would be able to build a magnificent asylum for 500 patients constructed on modern principles, and would be left with £10,000 to £20,000 in hand. He said that an asylum ten miles from town would offer advantages for the residence of pupils. Dr. Conolly's clinical lectures at Hanwell had been largely attended, whilst the lectures given at Bethlehem and St. Luke's had few or no hearers. Another argument was that a country Hospital with the revenues of Bethlehem might receive patients above the class of paupers, but who, although able to contribute something towards their maintenance, were not in a position to pay the minimum sum required by other Asylums. The number of patients in Bethlehem, besides the criminal lunatics, rarely exceeded 200; for a series of years it had not been more than 240. With their income of £20,000 a year, the Governors ought to maintain from 480 to 500 patients; and if they admitted persons whose friends could pay a certain sum towards their maintenance, the number might be increased to 600. He concluded by moving the production of certain papers in reference to the revenues and statistics of Bethlehem.—*Medical Times and Gazette.*

AMERICAN JOURNAL OF INSANITY.

Vol. XX.

UTICA, JANUARY, 1864.

No. 3.

SHAKSPEARE'S PSYCHOLOGICAL DELINEATIONS.

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OPHELIA.

Of OPHELIA, we have already said a few words, in treating of the character of Hamlet, with whose mad career her own sad destiny was so intimately interwoven. Of all the poet's characters, we may safely say that there is truly not one that so thoroughly enlists the best and most profound sympathies of the human heart, as Ophelia.

There are others whose circumstances have been quite as sad, and whose end, to a superficial view, quite as tragic; but every one who studies this character with that carefulness which its exceeding loveliness demands, feels that there is a certain something here, not easily defined perhaps, causing it to differ from all others in the amount and intensity of the sympathy excited.

Of all Shakspeare's female characters, Ophelia is, *par excellence*, the most feminine; and in her, it strikes us, we perceive a closer approximation to the "divine perfection of a woman," than is to be found in any other of the poet's delineations. The daughter of a courtier, bred amid the

vices, the arts, and the intrigues incident to court life, she escapes all contamination by the innate purity of her natural character, and to the end, maintains that artless and child-like simplicity so essential a characteristic of the true woman. This, however, is not the simplicity of ignorance, but, as we have said, of innate purity. All she knows about the "primrose path of dalliance" is by hearsay and rumor; but she has never trod its deceitful and treacherous windings, neither has she wandered there in thought, nor even in dreams. The love she bears towards Hamlet is so pure, so free from the slightest trace of any base alloy, either of passion, pride, or selfishness, that it seems in very truth "not of the earth, earthy," but an efflorescence of that divine nature with which she has been so highly endowed—a nature in which pride, selfishness, or ambition, had no part or lot whatever. The high social position of her royal lover she regards with fear and trembling, inasmuch as this may prove an insurmountable barrier to the possession of that which was the most cherished desire of her gentle heart. Yet this desire, pure, holy, unselfish, as she felt it to be, she is ready to sacrifice at whatever cost to her own feelings, and yield it up in child-like obedience to the expressed wishes of her father. Duty to her parent, with her, was paramount to all else, and the thought of disobedience seems never to have entered her mind. She is so unselfish, and so pure-minded herself, that she is slow to suspect that others can be actuated by impure or selfish motives. The unaffected simplicity, the *naïveté*, of her replies to her father and brother in Act I., Scene 3, show the exceeding beauty of her natural character and disposition from the very first. She is unwilling to doubt the affections or motives of her father or brother, and she is equally unwilling to doubt the honesty and truthfulness of her lover's protestations; and, with conflicting emotions, she is "perplexed in the extreme," like Othello, not knowing what to do, or think, or believe; and when her father calls her a green girl, and asks her if she believes the protestations of Hamlet, her reply is touchingly beautiful: "I do not know, my lord, what I *should* think."

The advice which her brother bestows upon her in taking his leave, good and wholesome as it is, is quite unnecessary, though received in the kindest manner, and she tells him: "I shall the effect of your good lesson keep, as watchman to my heart." Yet all the time we are made to feel that it is far more important for him to remember the gentle, modest, and loving admonition of her reply, than it is for her to remember his advice, which, we are led to believe, he has framed from his own practical experience of the world:

———"but, good my brother,
Do not, as some ungracious pastors do,
Show me the steep and thorny way to heaven,
Whilst, like a puffed and reckless libertine,
Himself the primrose path of dalliance treads,
And recks not his own read."

The scene between Ophelia and her father, "touching the lord Hamlet," furnishes an admirable exhibition of obedience to parental authority, and further serves to set forth the extreme truthfulness and loveliness of her natural character and disposition. When her father tells her, that of late she has "of her audience been most free and bounteous," in conscious innocence she evades nothing, and in answer to his demand to "give up the truth" as to what is between them, she answers:

"He hath, my lord, of late, made many tenders
Of his affection to me. * * * *
* * * * He hath importuned me with love
In honorable fashion—* * * *
And hath given countenance to his speech, my lord,
With almost all the holy vows of heaven."

Here we feel that the demand is fully answered, and that we have the truth, and the whole truth, and when he tells her that these vows are not "sterling,"

"But mere implorators of unholy suits,
Breathing life sanctified and pious bonds,
The better to beguile,"

and lays his commands upon her to avoid in future these frequent interviews with the prince, she does not presume to argue the matter with her father, or to defend the motives of

her lover, or her own conduct, but replies simply and beautifully in the language of a dutiful and affectionate daughter :

“I shall obey, my lord.”

It is here that her pure spirit receives the first heavy blow. How much this resolution of obedience cost her, is known only to herself and those gentle spirits (and their name is legion) who have been placed in like circumstances. They stagger under the stunning blow, but they do not fall ; hope has not fled forever, but still lingers to sustain and comfort, and a sublime faith in the divine order of things, known only to themselves and their like, points to something beyond the dismal present. They *know* that they are beloved, and this they feel like an “everlasting arm” beneath them, and they cannot sink until it is removed.

Whatever may be the opinion of others, Ophelia is fully persuaded in her own mind that her lover is not playing false with her ; and while such impassioned words as the following are treasured up in the depths of her confiding heart, they are all-sufficient, and come what will, she is happy :

“To the celestial, and my soul’s idol, the most beautified Ophelia :

Doubt thou the stars are fire ;

Doubt, that the sun doth move ;

Doubt truth to be a liar ;

But never doubt I love.”

“O dear Ophelia, I am ill at these numbers ; I have not art to reckon my groans ; but that I love thee best, O most best, believe it. Adieu.

Thine evermore, most dear lady, whilst this

Machine is to him, Hamlet.”

We next meet Ophelia in Act II., Scene 1. From what we gather from the interview between her and her father in this scene, it is evident that the heart of the doomed one has received another and still more stunning blow, in the first frightful interview with Hamlet after she has, by her father’s express commands, repelled his letters and denied him all access to her presence. In the interval, since their forced separation, her lover has become a frightful maniac, not a feigning imposter as some believe, but a real and confirmed madman, from causes which we have heretofore dis-

cussed. It is evident from the anxious inquiries of her father, and from her replies, that she has been greatly shocked and frightened by this interview, which Hamlet, following the instinct of his love, and the promptings of his disease, has so rudely and informally forced upon her as she was sewing in her closet. The thought, too, that she has been the innocent cause of this overthrow, makes her

"Of woman most deject and wretched;"

though, as she says to her father, she has given him no "hard words"—a thing impossible to her nature—but simply obeyed, as in duty bound, the strict injunctions of her parent.

With all her gentleness, Ophelia was a woman of strong character, and to crush her entirely, as she is doomed to be, required blows both heavy and repeated. She has been greatly agitated and frightened by the strange conduct of Hamlet, who, though he utters not a word, has, by his insane bearing and appearance, harrowed up her inmost soul, not so much with fear as with pity and regret—pity, that, perhaps, "a noble mind is here o'erthrown," and regret most poignant that she may have been the innocent instrument in the hands of others in accomplishing it.

The air of truthfulness, the calm dignity and precision of her description of this silent interview with her lover, exhibits the native strength of her mind and character, and shows clearly that she was by no means the "green girl" her father calls her; and seems to have convinced him of his own weakness and mistake, and he admits that he is sorry for what he has done, and in his agitation he invites her to go with him at once to the king, and lay the whole matter before him.

Pol.—I am sorry that, with better heed and judgment, I had not quoted him.

Notwithstanding the strangeness of this silent interview, which has so greatly frightened her, and in spite of the hasty suggestions of Polonius as to the mental condition of Hamlet, Ophelia seems not yet to be fully persuaded of the insanity of her lover, which, indeed, is yet in its initiatory

stage. She only fears, and these fears even she would like to question as long as possible, and in answer to her father, who asks if he is mad for her love, she says, with her accustomed modesty :

“ My lord, I do not know,
But truly I do fear it.”

In the next interview she has with Hamlet, Act III, Scene 1, these fears are only too fully confirmed by the unmerciful manner he lacerates her already bleeding heart. The blows which here fall upon the doomed one, are more stunning than any she has yet received ; but still she does not sink under them, and the gentle pleadings, questionings, and remonstrances which she employs, and the plaintive wail which bursts from her heart at the conclusion of the interview, when she is made to perceive fully that he is insane, are touching in the extreme. The touching character of the scene in which she seeks to return his gifts, would be greatly modified if we could feel that she acts as she does from feminine caprice, to annoy her lover, or from a natural desire to test the sincerity of his protestations. But we cannot bring ourselves to think that this is the case, for it is contrary to her character, and quite opposed to her confiding nature. On the contrary, we are conscious throughout the whole scene that she is acting from the promptings of another, whom to obey she regards as a paramount duty, to which all her own most cherished feelings must be held in complete and sovereign subjection. That Ophelia was, at least in the opinion of Hamlet, acting from an impulse imparted by her father, seems evident from the manner in which he alludes to Polonius in this Scene, and where he speaks of shutting him up at home, that he may “ play the fool nowhere but in his own house.” Be this as it may, there is no modification of the blows he so unmercifully lets fall upon her in his paroxysm of insane violence. This scene is so illustrative of the character and disposition of Ophelia, that we cannot forbear quoting from it at length. When Hamlet first perceives her at the conclusion of his grand soliloquy, he seems for a moment to forget the relation in which he now stands to her,

and all his old cherished feelings seem uppermost in his heart and mind:

———"Soft you, now!
The fair Ophelia. Nymph, in thy orisons
Be all my sins remembered."

Yet immediately after her kind and respectful greeting, and inquiry after his welfare, the thought of their present relation seems to return, and he replies with a cold, cutting dignity:

"I humbly thank you, well."

Ophelia then proceeds to the discharge of the heavy and painful duty imposed upon her:

Oph.—My lord, I have remembrances of yours,
That I have longed long to re-deliver;
I pray you, now receive them.

Ham.—No, not I; I never gave you aught.

Oph.—My honored lord, you know right well you did;
And with them, words of so sweet breath composed
As made the things more rich. Their perfume lost,
Take these again; for to the noble mind,
Rich gifts wax poor, when givers prove unkind.
There, my lord.

Ham.—Ha! ha! Are you honest?

Oph.—My lord?

Ham.—Are you fair?

Oph.—What means your lordship?

Ham.—That if you be honest and fair, your honesty should admit no discourse to your beauty.

Oph.—Could beauty, my lord, have better commerce than with honesty?

Ham.—Ay, truly; for the power of beauty will sooner transform honesty from what it is to a bawd, than the force of honesty can translate beauty into its likeness; this was some time a paradox, but now the time gives it proof. I did love you once.

Oph.—Indeed, my lord, you made me believe so.

Ham.—You should not have believed me; for virtue cannot so inoculate our old stock but we shall relish of it. I loved you not.

Oph.—I was the more deceived.

In this scene, with an ingenuity and a refined sarcasm worthy of the form of insanity under which he is suffering, he pours out his invective upon her in a manner which those best acquainted with insanity in all its variable forms, can most readily appreciate. The first object he selects for attack

is the one of all others he feels in his inmost soul is the most dear to her, namely, himself; and as though with one blow he would dash all the fond hopes he has led her to cherish to the earth, and trample upon them, he says to her:

"Get thee to a nunnery; why wouldst thou be a breeder of sinners?"

He then seeks to reveal to her that this idol of her heart, this Hamlet, is the very "chief of sinners," and so black that "it were better that his mother had not borne him;" and, after enumerating his many vices, he repeats his harsh demand, "Go thy way; get thee to a nunnery." He then opens his batteries upon the next object most dear to her, namely, her father, and in a few words disposes of him, as we have already seen, in a manner best calculated to wound her feelings.

"O help him, you sweet heavens!
Heavenly powers restore him!"

is the deep prayer of her bruised heart, and all she can utter in reply.

After disposing of Polonius, his mad rage falls upon Ophelia herself; and the intense bitterness and cruelty of his words, and the awful sarcasm he launches upon the gentle and unresisting creature before him, are worthy the madman, and call forth the deepest commiseration for the victim. How torturing are the words which fall upon her, coming as they do from one whose love she had cherished so fondly.

"If thou dost marry, I'll give thee this plague for thy dowry: Be thou as chaste as ice, as pure as snow, thou shall not escape calumny. * * * * Or, if thou wilt needs marry, marry a fool; for wise men know well enough what monsters you make of them."

As though this were not enough to crush and humble her, he must torture her with certain disagreeable personal peculiarities, evidently false, and quite contrary to the simplicity and native dignity of her character. But madness of the kind here delineated is never scrupulous in the choice of means for the accomplishment of its purposes:

"I have heard of your paintings, too, well enough. God hath given you one face, and you make yourselves another; you jig, you amble, and you lisp, and nickname God's creatures, and make your wantonness your ignorance. Go to; I'll no more of it; it hath made me mad. * * * * To a nunnery, go."

The plaintive wail which bursts from her heart in view of the awful malady which has called down all this upon her, is touching in the extreme :

“ O what a noble mind is here o'erthrown !
The courtier's, soldier's, scholar's eye, tongue, sword ;
The expectancy and rose of the fair state,
The glass of fashion, and the mould of form,
The observed of all observers, quite, quite down !
And I, of ladies most deject and wretched,
That sucked the honey of his music vows,
Now see that noble and most sovereign reason,
Like sweet bells jangled, out of time, and harsh ;
That unmatched form and feature of blown youth,
Blasted with ecstasy. O woe is me !
To have seen what I have seen, see what I see ! ”

We next meet Ophelia at the play ; and as her lover is in a better mood of mind, in view of the revelations he expects to bring forth by means of the players, this appears to have reacted upon herself, as was quite natural, and for a moment she is again happy. This, however, was but a treacherous lull in the awful tempest which has hitherto blown her about, and which is again to burst upon her with increased and destructive violence.

When we next meet Ophelia, Act IV., Scene 5, the last heavy blow has descended upon her, and her gentle, confiding heart, which has hitherto withstood so many shocks, is now crushed completely, and her pure mind is in fragments—hopelessly destroyed. That insanity which, under all ordinary circumstances, is justly regarded as the most dire of human calamities—more fearful even than the king of terrors himself—here comes like a ministering angel, and even the shadow of its dark wing hovering over her, is a sort of relief to us ; for it shields her from the consciousness of the great calamities that have befallen her, 'till, in mercy, the angel of death bears her beyond the reach of all earthly sorrows.

This last sad blow which she suffers, is the violent death of Polonius, her father, by the hand of Hamlet. The calamities that have previously befallen her, though in themselves sufficiently heavy to crush a less hopeful and confiding spirit, she has

borne up under ; but this is too much. The bitter cup, which might not depart from her, has been drained, and she sinks at once into a form of mild mania, the hopeless character of which is recognized at once by all who have any practical acquaintance with mental disease. To such, the delineation is so perfect that we feel that in no instance has the poet "held the mirror up to nature" more carefully. The language used is almost indetical with what is heard daily in the wards of all asylums. Coherence and incoherence are here strangely, but most truthfully, intermingled ; yet throughout the whole, the truthfulness, gentleness, and loving kindness of her nature, is manifested. We perceive this in the first words which she utters in this state : "Where is the beauteous majesty of Denmark?" These words, and those which follow, fall upon the ear with a sad, melodious sweetness, than which nothing in the whole range of dramatic literature is more pathetic ; and, but for the utter unconsciousness of her own great misfortunes manifested, and which to the mind of the beholder is a sort of relief, would be altogether too painful for dramatic effect.

Throughout her incoherence, as is most common in such cases, there are one or two dominant thoughts, tortured though these be into all manner of curious shapes. These thoughts twine fantastically round her dead parent, with once or twice an obscure allusion to her lover :

"How should I your true love know,
From another one?
By his cockle hat and staff,
And his sandal shoon."

This stanza seems to have been suggested by some vague thought of her lover, but the dominant thought is of her dead father, and is expressed in the stanza which follows. In answer to the queen's question : "What imports this song?" she replies, as if not quite conscious of what is said to her :

"Say you? nay ; 'pray you, mark. (Sings.)
He is dead and gone, lady,
He is dead and gone ;
At his head a grass-green turf,
At his heels a stone ;

- White his shroud as the mountain snow,
Larded all with sweet flowers;
Which bewept to the grave did go,
With true love showers."

Nothing could be more natural than the complete incoherence of her reply to the greeting of the king:

King.—How do you, pretty lady?

Oph.—Well, God 'ield you! They say the owl was a baker's daughter. Lord, we know what we are, but know not what we may be. God be at your table!

How perfectly natural is the above incoherence to such as are afflicted with this form of disease, those best acquainted with insanity, can bear ample testimony.* The obscenity of the lines beginning

"Good morrow; 'tis Saint Valentine's day,"

though shocking to the polite ears of modern times, is also quite natural, even when we remember that it comes from one whose lips, previous to disease, have ever been most pure, and whose ears quite unused to such enunciations. These utterances fall unconsciously, like most things which escape from their mouths, and when so regarded, they are robbed of much of their force. Even persons quite young, and who have been carefully secluded all their lives from such language, are found indulging in obscene expressions when insane; and parents are struck dumb with astonishment, and wonder where they could have been picked up. This is only one of the many curious phenomena attendant upon mania. All this obscenity is, perhaps, followed immediately by the sweetest utterances that can fall from the lips of innocence. Witness the following, for example, from Ophelia:

*This day, the following words were noted down, *verbatim et literatim*, by the writer, as they fell from the lips of one whose case has many points of resemblance to that of Ophelia:

Phy.—Good morning; how do you?

Patient.—Very well, thank you. My cow has jumped into the Lord's pasture. I am driven about from pillar to post. They mean to kill me; wonder how my brains will taste.

In reply to the salutation of another person, and inquiry as to her welfare, she said: "I've a pain in my side; some one must have killed a cat; isn't there one dead in the garret?"

Oph.—I hope all will be well. We must be patient; but I cannot choose but weep, to think they should lay him i' the cold ground. My brother shall know of it, and so I thank you for your good counsel. Come, my coach! Good night, ladies; good night, sweet ladies; good night, good night.*

When we next meet Ophelia, she is fantastically dressed with straws and flowers, and though still more maniacal, if possible, than before, the dominant thought—the death of her father—is still uppermost in her mind, and she sings :

“They bore him barefaced on the bier;
Hey no nonny, nonny hey nonny;
And in his grave rained many a tear;
Fare you well, my dove! * * * *

“You must sing, down-a-down, an' you call him a-down-a. O how the wheel becomes it; it is the false steward, that stole his master's daughter. * * * * There's rosemary, that's for remembrance; 'pray you, love, remember; and there is pansies, that's for thoughts. * * * * There's fennel for you, and columbines;—there's rue for you, and here's some for me;—we may call it herb o' grace of Sundays;—you may wear your rue with a difference.—There's a daisy;—I would give you some violets; but they withered all when my father died.—They say he made a good end,—

“For bonny sweet Robin is all my joy.”—(Sings.)

With great truthfulness, Laertes adds :

*The late distinguished Dr. Brigham, than whom no man in modern times has observed the insane more carefully, asserted that he had seen all of Shakspeare's characters in the wards of the Utica Asylum, of which he was physician-in-chief. Here, too, says he, “is Ophelia, past cure, past hope, sitting at the piano and slinging the songs of Moore and other modern poets, as the Ophelia of Shakspeare sang the songs of the poets of her own times.” We think we know to whom he refers, and have quoted her words in the preceding note. Yes, twenty years since she was here, and here she is now, “the observed of all observers, quite, quite down;” and though the snows of some sixty winters have settled upon her head, she still bears traces of that extraordinary beauty for which she was once celebrated. The causes, too, of her insanity are known to have been similar to those of the Ophelia of the poet, namely, domestic sorrow and blighted affections. At times, she is obscene; though, like her great prototype, apparently as unconscious of this now as she is of all her early sorrows. She decks herself fantastically, constructs the most curious and fantastic things, and will sit at the piano, and, with much taste, sing the songs of brighter days, together with her own strange and wild improvisation. And so her life is gliding away, if not happily, at least without the consciousness of the early sorrows that have overthrown her.

"Thought and affliction, passion, hell itself, she turns to favor and to prettiness."*

The burden of the last of her songs which falls upon the ear, is the same—her dead parent; and how plaintive, and what desolation of heart does it exhibit :

"And will he not come again? (Sings.)

And will he not come again?

No, no, he is dead;

Go to thy death-bed,

He will never come again.

His beard was white as snow,

All flaxen was his poll;

He is gone, he is gone,

And we cast away moan;

God 'a'mercy on his soul!

And of all christian souls! I pray God. God be wi' you!"

This is the last utterance of Ophelia which falls upon our ears; and all the knowledge we have of her subsequently, comes through others. The poet has given us an exhibition

*How thoroughly truthful all this incoherence is to nature, those whose daily duty it is to listen to it, and note it down, best know; but to convey to others some slight idea of it, let us take what follows, noted down *verbatim*, as it fell from a patient's lips, and given to the writer by the friend whose name (not unknown) she mentions:

Phy.—Good morning.

Pat.—Well, what did he say? Did he say the woman is dead?

Phy.—Are you well to-day?

Pat.—She says she must have the window up. It is dreadful! That window is up.

Phy.—How did you sleep last night?

Pat.—Lafayette did not say so; he killed you. You have only to go on, and mind your own business. I mind the doctor; he calls himself Dr. Gray.

Phy.—Who do you think he is?

Pat.—I do not think; I do not dream. I do not care if she does keep the room. The moment the woman had the perfumery, I said, I have all the perfumery. Dr. Gray took care of me, and the poor lawyer was taking care of my dead corpse. He was continually asking questions, and I was not ashamed. He asked where her husband was.

Phy.—This is a beautiful day.

Pat.—(Looking out of a window.)—Yes; the girls are out on horseback; see, they are starting.

Another patient here remarked: "O, I wish they would not fight so!" She replied: "We do not fight; we only fight the good fight of faith, that we may lay hold on eternal life."

of supreme loveliness, and upon it has called down an intensity of sorrow, calculated to enlist the most profound sympathy humanity is capable of—a sorrow so crushing that a prolonged exhibition of it would be too painful. The poet seems to have been well aware of the effect he has produced, and, in wisdom, he closes the scene.

The last calamity which can befall the doomed one has passed, and the messenger death now comes like an angel of mercy, and the dark pall is made to descend upon her as gently as was possible, in the nature of things; and though this sweet vision of the poet has passed away, the memory of its loveliness will linger fresh and green, 'till the very end of all earthly things. For this, and much more, the poet has given us, humanity is thankful; and that portion of it, the best, most truthful, most loving, and most sorrowing, from which he has taken this character, will, in all coming time, "rise up and call him blessed."

MEETING OF THE BRITISH ASSOCIATION OF MEDICAL OFFICERS OF INSTITUTIONS FOR THE INSANE, A. D. 1862.

NOTES BY AN AMERICAN PHYSICIAN.*

Thinking that a sketch of one of the annual meetings of an Association identical with our own in its character and aims, may possess some interest for our own members, I venture to read a short narrative of the proceedings of the last session of our sister Association of Great Britain and Ireland, held at London on July 3d of last year. It is proper that I should first state, that the letter of our Secretary accrediting Dr. Hills and myself as your representatives on that occasion, was not received in time to be presented; but a general invitation to attend the meeting, addressed to foreign physicians

* Read by Dr. D. Tilden Brown before the American Association of Asylum Superintendents, at its Annual Meeting, A. D. 1863.

interested in insanity, rendered such credentials unnecessary. I have also to acknowledge the courtesy of Dr. Robertson, the Secretary of the Association, in sending me a special invitation to the meeting and dinner.

The British Association, like our own, has hitherto been itinerant in its habits, changing its place of meeting annually; but of late a disposition has become general to make London the permanent seat of its sessions, as a larger assemblage of members is thus secured, and the metropolis was accordingly designated for the reünion of the present year. The Association, according to its official organ—*The Journal of Mental Science*—comprises over two hundred regular members. Of these two hundred, less than fifty were present at the meeting of 1862, which is stated by the above journal to have been the largest ever held. At a meeting in Liverpool during a previous year, an attendance of only seven members was acknowledged. Considering the difference in the geographical area over which the members of the British and our own Associations are respectively scattered, and the facilities for easy railway communication with London which every part of Great Britain possesses, and, furthermore, the incidental attraction of the Great Exhibition of last year, I could but infer that our English brethren were more fond of work, and less inclined to relaxation, than ourselves; or that their professional zeal did not require the stimulus of an annual gathering for mutual instruction and encouragement. If the common foreign criticism, that Americans consume unlimited time in talk, be judged by the measure of that commodity which our sister Association deems adequate to the transaction of its yearly business, I do not wonder that we are called a garrulous people. Our own conventions usually extend through three or four consecutive days; that of the British Association last year occupied three hours, the meeting being the largest ever known. At one o'clock P. M. of July 3d, the members assembled in the large hall of the College of Physicians, and the President, Dr. Kirkman, Medical Superintendent of the Suffolk County Asylum—a veteran of forty years service in the cause—read his address.

In this he took a wide range of comment, his long experience permitting him to recall much in connection with his specialty that formed a strong contrast with its present state. By a glance at the principal topics of the discourse, we may discern the state of our specialty and of its followers in England.

Dr. Kirkman criticised with proper severity "the uncertain state of the lunacy laws," and the Lord Chancellor's assumption that the existence of insanity, when contested, was "not a medical question, but, irrespective of the psychological fact, a question of equity or law." He defended the psychological physician from the unjust aspersions of prejudiced classes, asserting his claims to honorable consideration for the usefulness and daily increasing importance of his functions; and expressed a hope that the two Chancery Visitors in Lunacy, then soon to be appointed, would correct much that was now "intolerable in the examination of medical witnesses." Since then, Drs. Bucknill and Hood, both previously medical chiefs of insane hospitals, have been commissioned by the government as such Visitors. All that portion of the address which bore upon the medico-legal relations of our English colleagues, revealed a state of things apparently more disagreeable than our own average experience with the courts of this country. In commenting upon the efficacy of therapeutical agents, Dr. Kirkman expressed fear that sufficient attention had not been given "to the process of introducing thoughts into the mind, which might at once begin to operate upon the physical structure." "A fit thought introduced *ab extra*," said he, "can create a tendency to healthy circulation and normal condition of the brain matter, as a poisonous one can disturb the machinery, and fix that disturbance in the form of cerebral disease." The wise administration of religious consolation, Dr. K. thought to be, perhaps, the most powerful agent for good; and yet he acknowledged it to be "a sharp sword," and that "the power of fanatical distortions of the Gospel to produce insanity had been fearfully illustrated of late." The address condemned the expensive and useless luxury of salaried visiting physicians to insane hospitals; but approved the bestowal of life-pensions, after fifteen years service, on

the medical superintendents of county asylums; two ingenious waste-ways for superfluous income which the managers of American institutions have not as yet been obliged to provide.

One topic which must naturally possess paramount prominence in the meditations, if not in the confessions, of our English brethren, received cautious recognition in this wise—I quote Dr. Kirkman's words: "In approaching, gentlemen, as I feel now that I must, the confines of very tender ground, I desire before I take one step upon it to speak with all deference and respect of the Commissioners in Lunacy." I know not whether it arose from the suggestion of unknown dangers revealed by this cautious approach to the subject, or from the tone of mingled diffidence and conscious responsibility in which it was uttered, that the venerable orator seemed to feel the utter helplessness of the asylum superintendent in event of an open contest with the Commissioners. I may, perhaps, have misapprehended both the words and tone, but their continued effect upon myself was to create a strong sympathy for the apparent position of my professional brethren, and simultaneously a less favorable impression respecting the usefulness of the Commissioners than Dr. Kirkman's subsequent remarks might possibly justify; but at all events, I inferred from these remarks that they who had once expected that such a commission would insure universal harmony in the asylums of Great Britain, and solve the problem of the best method of insuring the welfare of patients, must now sometimes suspect that the little world of an insane hospital, like the great world without, may possibly be "governed too much."

Following the President's address, came the Treasurer's report, in which it was announced that there were "seven heavy defaulters" among the members, whose names ought, by rule of the Association, to be stricken from the list. An animated conversation ensued, during which several gentlemen acknowledged themselves in arrears, and plead various excuses; whereupon the meeting charitably concluded to

allow the dilatory members one more chance to fulfil their obligations.

It had been announced in the programme for the occasion, that four communications would be read before the meeting. But a single one of these was read in full, while the substance of two others was stated by their authors, the complete papers being published in the *Journal of Mental Science* as part of the proceedings. The paper read in full was upon the Cottage Asylum System, by Dr. Mundy, of Moravia, who is at once a nobleman and philanthropist, an amateur physician, and an enthusiast in the matter of colonies for the insane. This last term will sufficiently indicate the general nature of the essay, which was a panegyric upon the cottage system of treatment. The paper elicited some diversity of opinion, but the very general expression was against the practicability of the proposed system for the insane of England. Dr. Bucknill stated that he had tried it on a small scale, having about a dozen patients of each sex living comfortably in cottages. He had, however, 650 patients to choose from.

Dr. Harrington Tuke, the proprietor of a most commendable private institution near London, remarked that small establishments, like his own, appeared to meet Dr. Mundy's proposition, as they generally accommodated from one to twenty patients only. Incidentally the Belgian colony of Gheel came under notice, and I know not whether most to regret or rejoice, that our new compatriot and fellow-member, Dr. Parigot, was not present; for the praise and censure of his favorite example of "the free-air system of treatment," were about equally emphatic.

Dr. Bucknill, of the Devon County Asylum, now stated the substance of his paper "On certain modes of death prevalent among the insane," which, like other contributions from his experience, is well worthy of study.

An able and most interesting communication on Asylums for the Middle Classes, by Dr. Maudesley, formerly of the Manchester Hospital for such class of patients, was now called for. Want of time induced Dr. Maudesley to propose, that,

instead of being read, it be published in the *Journal of Mental Science*. It should be transferred thence into the AMERICAN JOURNAL OF INSANITY, as specially relating to a class of institutions to which nearly all American asylums belong.

Dr. Robertson, Medical Superintendent of the Sussex County Asylum, and Secretary of the Association, brought to the notice of the members his recent successful experiments in the utilization of asylum sewage. He stated the result of his method during five weeks following May 1st, to have been the conversion of the house drainage into four hundred dollars worth of milk, through the medium of four acres of meadow land and fifteen cows. Other gentlemen said that the applicability of the method depended primarily upon an adequate slope of surface in the ground. Dr. Hitchman, of the Derby County Asylum, called the best farmer in the Association, said he would be glad to present the liquid drainage of his house to any one who would convey it away. A delightful visit to the scene of Dr. Hitchman's labors, had already satisfied me that such generosity to others involved no injustice to himself; for it would be difficult for the most critical observer to point out a spot of garden, meadow or lawn, where a higher degree of perfection might be developed by a more liberal application of fertilizers, whether fluid or solid. As "the eye of the master watereth the ox," so had the master's eye and skill here covered his canvass almost to surfeit with the combinations of a good taste, a practical judgment, and a vigorous energy. Perhaps one of the most favorable instances of successful utilization of the house sewage by irrigation of land, is found at the Oxford County Asylum, where a vegetable garden of twenty-five acres had been laid out in terraces by the patients, under the direction of the medical superintendent, and was thoroughly fertilized by the above-named method. It was my good fortune to see both the institution and the grounds under the escort of its medical officers, Drs. Ley and Sankey, two representatives of the *genus homo* family "John Bull," whom we of the kindred family of "Brother Jonathan," may be proud to call "cousin," and in whose genial and manly qualities I should be glad to

claim participation by the nearer relation of professional brotherhood. Whether or not the garden of the Oxford County Asylum presented an average instance of the success of fertilization by house-sewage, I cannot judge, it being the only one I saw ; but I can testify that its terraces were laughing with exuberant production, and that on a lower level, in some jocund meadows which received the filtered surplus of the "flowing bowls"—or tanks—a herd of beautiful cattle showed unmistakeably their own participation in the general smile.

Dr. Robertson's remark that asylum sewage emits no unpleasant smell, reminds me of a home incident, which I may be pardoned for relating here. The overflow of the sewage-tanks at Bloomingdale passes from our grounds by under-drains into an open ditch, running through unoccupied land. Immediately at the place of exit to the open air, the odor of the fluid is strongly suggestive of a very efficient fertilizer. At this point, the ducks of sundry Irish housewives hold high festival in the little stream, but no human biped from the neighboring shanties has as yet been known to use its waters to dilute his favorite beverage ; but after it courses a quarter of a mile down hill, this very stream, without receiving any affluent, becomes a mountain spring to a little settlement of "squatter sovereigns," who use it for culinary purposes at least ; and I can add, in sober verity, that on one occasion, when our own supply of water had been curtailed, a deputation of indigent citizens from this settlement waited upon me to protest against our unwarrantable interference with their accustomed water-privilege.

Resuming my narrative, those proceedings of the meeting which conformed to the usual transactions of our own conventions, terminated with the discussion on Dr. Robertson's statement ; but there followed two or three matters which exhibited the marked contrast existing between the official and civic relations of individuals in English and American communities. One of these will suffice as an illustration. Mr. Warwick, formerly the proprietor of a small private asylum receiving a few wealthy patients, offered a motion

that "a sub-committee of the Association be appointed to inquire into the proceedings of the Commissioners in Lunacy, with regard to the licensing of private asylums in the metropolitan district." Mr. Warwick's grievance consisted in the fact that the Commissioners had refused him a license to continue a private establishment, which he proposed to purchase from the present proprietor, and that they also declined to acquaint him with the reasons for their refusal. His desire was to procure some such modification of the law as should require the Commissioners to receive applications for license in open court; that the applicant should be allowed counsel, and that in event of a refusal to grant a license, the Commissioners should state their reasons for refusing. Such is the course already pursued by the provincial County Courts; but within the metropolitan district, in which the Commissioners exercise sole authority, the usage is different. Mr. Warwick's address to the Association was a model of clearness in style, and of admirable diction, united with a calmness and dignity of manner worthy of a Senator; but, to use his own expression, the introduction of his motion seemed "like throwing the apple of discord into what had hitherto been a very agreeable and harmonious meeting." A proposition of mutiny made to the garrison of an outwork overawed by an impregnable fortress, could not meet a less sympathetic response. Two or three members declared emphatically, that it would be disrespectful to the Commissioners, and even more so to Parliament, to address them on such a subject; that "they would, as medical men connected with asylums, be placing themselves in a very awkward position by doing what was proposed," and that it "was not their place, and certainly could not be for their profit, to do so." It was suggested that they might bear in mind the statement of Mr. Warwick, in event of a revision of the law, as the circumstances related by him were acknowledged to be "very important;" but it was the unanimous opinion of the Association, that "they could not assume the responsibility" which had been proposed. Several of the members subsequently admitted to me, that the official power and social influence of the Commissioners

were altogether too great for the combined efforts of the Association to make any impression upon their authority, and that such an attempt would react disastrously upon any one who should engage in it. It was sufficiently apparent to these members from the first, that gentlemen occupying conspicuous positions in the Association, and who might be ambitious of attaining government appointments, either as Commissioners in Lunacy, as Chancery Visitors of Lunatics, or what not, must unitedly oppose a proposition which it would be suicidal in them to encourage.

Let it be remembered that the above comments are not my own, but were spoken by those who ought to understand the subject matter. In our own infancy and simplicity as a people, we Americans have not yet reached that density of population, nor that degree of political development, which permits such concentration and permanence of power in a government commission. Such official boards are too expensive luxuries for us to indulge in as yet, and the rights of the inmates of our insane hospitals are meantime efficiently and economically guarded by the voluntary scrutiny of the prominent citizens who constitute their several boards of managers.

To an American, the meeting of our English brethren, besides its actual interest, was further remarkable by the absence of several eminent men whom he might naturally expect to have met there. Neither Drs. Conolly, Daniel Tuke, of York; Thurnam, the statistician; Hood, of Bethlehem Hospital; nor Drs. Browne, Skae, and Mackintosh, of Scotland, were present; any of whom, from familiarity with their writings, an American might almost expect to recognize at first sight. I regretted to learn afterward, that both Drs. Conolly and Tuke were too ill to attend, the latter having even left England on account of poor health. The first of these distinguished alienists, I had the pleasure to meet subsequently, and to find him still earnestly and actively interested in behalf of his special constituency—the insane of all classes—whose cause he has so long, so ably, and so efficiently advocated. "*Sero in coelo redeat.*" Dr. Hood, author of the

well-known monograph on Criminal Lunacy, though chief medical officer of an institution in London itself, was not at that time, strange to say, an enrolled member of the Association. Dr. Skae was delivering his annual course of clinical lectures in his asylum at Edinburgh, but received a loud call to attend the following year, by being elected President of the Association. Drs. Browne and Thurnam expressed their inability to attend, in letters which were not read. Dr. Browne had not long before been appointed Commissioner in Lunacy for Scotland, and although we may not readily discern why such change of relations to the Association, and to the specialty itself, should bar all further consort with his brethren on occasions like this, we must bear in mind that civic dignities weigh more heavily on their wearers in other lands than among ourselves, and that they exact of him who shares them a constant remembrance of the dignity of his station, and of the consideration due it at all times and in all places. May not the consciousness that he represents, however remotely and humbly, the responsibilities as well as the prerogatives of majesty, restrain a man from indulging in too familiar intimacy with those over whom he may at times be called to sit in official judgment. I could not conceive what other reason could explain the fact, that not a member of the Commission of Lunacy attended either the meeting or the dinner of the Association, although several of these gentlemen are medical men, and have at some time been officers of institutions for the insane. All these reflections must, of course, go for nought, if there existed another and better reason for the absence of these distinguished gentlemen, in the fact that they had not been invited to be present. But such a supposition involves an imputation of forgetfulness on the part of our brethren, which we must reject at once.

The meeting did not adjourn without indulging that propensity of all associations of kindly-natured men, in whatever country, to resolve themselves into "a society for mutual admiration," to cheer their parting moments; and I could but commiserate the embarrassment of two gentlemen who were compelled to face a heavy, point-blank discharge of

compliments, under which only true Anglo-Saxon courage could have remained steady at its post. This over, the members separated, with the understanding that they would reunite at Richmond Hill, in the midst of the most picturesque scenery about London, to partake of their annual dinner at the ancient and famous "Star and Garter Tavern." Foreign gentlemen connected with asylums were again invited by the Secretary to join the Association in their festivities, and with grateful heart and pleasing anticipations, I joined a group which moved to the railroad station and to Richmond. The dinner *per se* was one to which the host of "The Star and Garter" might safely trust for perpetual commemoration as a master of his art, and if the half-dozen other societies which were dining at the same time in other parts of the house, all fared as well, the worthy landlord deserves a monument as a benefactor of his race. In a larger sense it was a peace convention, worthy of annual repetition as a harmonizer of all those misunderstandings and heart-burnings liable to arise among a body of professional men engaged in the same specialty, and living in comparatively close proximity; whereby they necessarily often become competitors for practice, and not unfrequently rival medical counsellors to opposing parties in important disputes at law. It is true, that there was not the same opportunity for general interchange of views, and for the cultivation of personal intimacies, which our annual four-days sojourn in the same hotel permits; but there was not lacking a spirit of good-fellowship, and a hearty zest, which might condense the four-days companionship within the limits of as many hours. In the free range of conversation which this day's portion of the exercises permitted, and in my interviews with the same, or other gentlemen, at their institutions, many expressions of cordial good-feeling toward their brethren in America were kindly uttered, giving assurance that the bond of brotherhood in our specialty is no contracted nor fragile one, but embraces all its votaries, however diverse their nationality, or however remote their scenes of labor; and in truth, I found the same feeling, the same frankness, the same welcome, in every country I visited,

and was thus led to believe that no branch of any profession can boast a more wide-spread spirit of ingenuous companionship among its members. The sad condition of our country, arising from the prevailing civil war, was never (save in a single instance) alluded to in a manner which could justly offend a reasonable partisan of either side; and I found in this fact, contrasted as it was with much that I heard from my countrymen of a different experience among their own English associates, another proof that men whose lives are passed in solacing the woes of the most unhappy of God's creatures, do instinctively refrain from wounding the sensibilities of any fellow being, and have moreover attained rare tact in discovering where these sensibilities may lie concealed. The single offender against this otherwise universal rule, was a young gentleman, an assistant physician of a country asylum, who, under mild replies, soon waxed kind in manner and speech; and I doubt not, that after our long talk over more congenial themes, he drowned his first emotions—as I did mine—in the home-brewed ale wherein we pledged ourselves to future harmony, for the bitterness of his harsh salutation on my entrance, had changed to sweetness before we bade each other farewell. I have often wondered whether the opinion of this asylum which I entered on its visitor's record, was unduly affected by our reconciliation. In the cause of truth and justice, I hope not; but if the fact be otherwise, we American alienists ought at once to add home-brewed ale to the house diet of our asylums, as a potent promoter of a peaceable and a forgiving spirit.

[Since these words were written, I have seen in the *Journal of Mental Science* for July, 1863, a notice of Dr. Ray's memoir of the late Dr. Luther V. Bell, of the McLean Asylum, Boston, Mass. Whoever its author may be, I venture to say, that both the spirit and language of portions of that notice must be offensive to the very large majority of our English fellow-alienists; for it reveals a temper which no sincere humanitarian can harbor. It passes ordinary comprehension how a physician who devotes himself solely to the medical

care of soldiers, called by their government to render lawful military service, can be said to be "moved by the demon of war to aid in an insane attempt to enforce mob rule" upon his rebellious fellow countrymen. If the surgeon be condemned because of the nature of the service required of the soldiers by the sovereign authority, then it is obvious that the surgeons of the English army employed against the American Colonial rebels of 1776, must have been equally "moved by the demon of war," &c. The preposterousness of such an allegation, would be as promptly recognized by Americans as by Englishmen. That such remarks should have been admitted into that journal by its responsible editor, seems no less extraordinary. It matters not what may be the feelings either of editor or contributor touching the civil war in America. The journal is professedly "devoted to the cultivation of mental science," but not to international politics nor partisan discussions of foreign quarrels; and certainly personal detraction of life-long philanthropists who have passed to their final rest, could never be esteemed appropriate matter for its pages by the Association whose organ the *Journal* is. How much more magnanimous were the recent declarations of the venerable Dr. Conolly respecting his American co-laborers, made at the annual meeting of the Association for the present year. While declaring that he can "take no part with the North or the South in their present unhappy struggle," this "*primus inter primos*" of English psychologists expresses such esteem for his American *confrères*, founded on personal acquaintance, as may well assure us that he at least appreciated the nobleness of character, and the largeness of intellect, which Dr. Bell possessed, and that the impression left by these on Dr. Conolly's mind, continued to color his sentiments toward our countrymen generally.]

But leaving warlike themes, and returning to the more peaceful "*moutons*" of the dinner-table, I relate the closing incident of the festive occasion, because, to an American, it was no less remarkable for its novelty than for its oddity. The dinner being over, the Secretary of the Association passed round the room with a plate, which he presented to

each person of the company, receiving thereon a certain sum in payment for the dinner. You will hardly suppose that the invited guests were made so thoroughly "at home" as to be included in this call; but the memory of my confusion on being reminded, by the Secretary, of the difference between a guinea and the sovereign which I had laid upon the plate, is still too fresh to permit any doubt as to the main fact. In thinking this matter over afterward, I concluded that there must exist some good and satisfactory reason for a usage which would seem, at first sight, to deprive hospitality of all its sacredness, and to absolve the guest from those obligations which surround him under other circumstances. This impression has since been confirmed by an English friend resident in America, who informs me that the usage may be regarded as a general one, having the merit of relieving guests from the embarrassment of pecuniary obligation, besides possessing other less important recommendations. Doubtless the system has been adopted after due consideration and experiment, as the best for all parties interested; and, however shocking now to Americans, who, with the improvidence of barbarians, waste edibles enough, as a people, to feed the poor of their entire nation, we shall probably accept the custom ourselves when we attain that large experience and systematic nicety of calculation in this department of social science, which our older brothers have already reached.

In closing these notes, it is just to say, that I am not disposed to be too positive as to the correctness of the impressions or reflections therein set forth; for it becomes a foreigner in any country to be cautious in interpreting whatever is new or strange to himself. It is alike a duty and a pleasure for me to bear testimony to the courtesy almost invariably shown me by our colleagues in England and Scotland. Both at private and public institutions, I met the reception of a welcome friend, and in most instances a hearty hospitality was proffered for a longer term than I could tarry. The remembrance of these kindnesses will ever mingle with recollections of a beautiful country, crowded with memorials of all that is admirable and ennobling in human nature. They warmed my

heart toward the "Old Home" of my ancestors, and finally led me to suspect that a great mistake had been committed by that austere pair of them who, two centuries before, had left it in high dudgeon at the peculiar notions of some of its magnates, exchanging its cosy fireside comforts and generous fare for a dwelling in a distant wilderness, and resigning their "cakes and ale" that they might be more "virtuous" without them among savages and fellow-Puritans. Would that the laws of propriety did not stay my tongue from acknowledging openly my obligations to each friendly host by name. But, as this may not be, I beg them, one and all, should my words chance to reach them, to accept the assurance of a grateful guest, that their kindness, which at times awakened a pleasing suspicion of some secret tie of kindred, binding host and guest in the harmony of unconscious brotherhood, is still appreciated as on the day of its enjoyment, and with a sincere desire of an opportunity to reciprocate it in kind, and in my own country.

THE CASE OF DR. DAVID M. WRIGHT,

FOR THE MURDER OF LIEUTENANT SANBORN.—PLEA, INSANITY.

On the eleventh day of July, 1863, about four o'clock in the afternoon, Dr. David M. Wright, of Norfolk, Va., shot Lieutenant Sanborn, of the United States Army, under the following circumstances:

Lieut. Sanborn had, some hours previously, marched a company of colored troops through the main business street of the city of Norfolk, in which Dr. Wright resided. The Doctor was informed of this fact at the time, by a member of his family, and was more or less excited, but did not leave his house. Subsequently, and but a short time before the shooting, he left his office with the purpose of visiting some patients, and was proceeding to a stable a few doors away to get his horse. At this moment, the negro troops, Lieut. Sanborn in command and at the head of the column, were return-

ing, and but a few blocks distant. Dr. Wright procured a loaded revolver, and stood in the door of a store, apparently awaiting the passing of these troops, holding the pistol behind him and concealed under his coat. When the Lieutenant was directly in front of the Doctor, the latter used some very offensive language. After marching a few paces, a halt was ordered, and the Lieutenant walked back to the Doctor and said, "you have insulted an officer of the Army," or words to this effect, "I arrest you;" and turned to give an order to a person to go to head quarters for a provost guard, to make the arrest. At this instant, the Doctor fired twice. The Lieutenant rushed at him and pushed him back into the store, and sank down, and expired in a few moments. Both balls took effect. One passed through the hand and opposite arm, and the other entered over the shoulder, passed inwards and downwards, and was supposed to have lodged against, or to have imbedded itself in the vertebral column. The post-mortem was not made with sufficient care to determine satisfactorily the latter. The course of the ball was not explored with the knife, but simply with a probe. It was sufficient that the wound was immediately fatal.

Dr. Wright was arrested, taken before the Provost Marshal and committed. He was subsequently tried by a Military Court, found guilty of murder, and sentenced to be executed at such time and place as directed by the Commanding General of the department, or the President of the United States.

Hon. L. H. Chandler and Hon. L. J. Bowden appeared as his counsel before the military tribunal. They, however, retired from the case in its early stage, upon the ground that the plea of defence proposed, the insanity of the prisoner, was ruled out by the Court. The plea of insanity was not distinctly made. The preliminary question to a witness to this effect, "what was the conduct and appearance of Dr. Wright before the Provost Marshal," was ruled out, thus practically, according to his counsel, excluding the plea.

Subsequently, the affidavits of a number of persons were presented by the counsel to the President of the United States, containing certain facts and opinions regarding the general

and professional conduct of Dr. Wright, which they alleged proved him to be an insane man. These affidavits were voluminous, and of such a character that the President was unable to arrive at a satisfactory opinion as to whether or not Dr. Wright was insane. Under these circumstances, the President appointed Dr. John P. Gray, Superintendent of the New York State Lunatic Asylum, a Special Commissioner, under the following letter of instructions:

“EXECUTIVE MANSION,

“WASHINGTON, September 10, 1863.

“DR. JOHN P. GRAY :

“SIR: Dr. David M. Wright is in military custody, at Norfolk, Va., having been by a Military Commission, tried for murder and sentenced to death, his execution awaiting the order of the Major General in command of that Military Department, or of the President of the United States. The record is before me; and a question is made as to the sanity of the accused. You will please proceed to the Military Department, whose Head-Quarters are at Fort. Monroe, and take in writing all evidence which may be offered on behalf of Dr. Wright, and against him, and any in addition which you may find within your reach and deem pertinent. All said evidence to be directed to the question of Dr. Wright's sanity or insanity, and not to any other question, you to preside, with power to exclude evidence which shall appear to you clearly not pertinent to the question. When the taking of the evidence shall be closed, you will report the same to me, together with your own conclusions as to Dr. Wright's sanity, both at the time of the homicide and the time of your examination. On reaching Fort. Monroe, you will present this letter to the officer then commanding the Department, and deliver to him a copy of the same; upon which he is hereby directed to notify Hon. L. J. Bowden, and Hon. L. H. Chandler, of the same; to designate some suitable person in his command, to appear for the Government, as Judge Advocate or Prosecuting Attorney; to provide for the attendance of all such witnesses before you as may be desired by either party, or by yourself, and who may be within convenient reach

of you ; to furnish you a suitable place or places for conducting the examination, and to render you such other reasonable assistance as you may require. If you deem it proper, you will examine Dr. Wright personally, and you may, in your discretion, require him to be present, during the whole or any part of the taking of the evidence. The military are hereby charged to see that an escape does not occur.

Yours truly,

A. LINCOLN."

Dr. Gray, in accordance with this authority, proceeded at once to Fortress Monroe, reported to Major General Foster, and from thence went to Norfolk, Va., and informed Messrs. Bowden and Chandler of his instructions as Special Commissioner, to hear testimony touching the alleged insanity of Dr. Wright. General Foster assigned Major J. L. Stackpole, Judge Advocate, as counsel for the Government.

On the organization of the Commission, the Commissioner decided that the affirmative of proving the insanity of Dr. Wright, would rest with his counsel ; and that he would leave to their discretion the question of Dr. Wright's presence during the examination of witnesses. At the request of the counsel for the accused, he decided to hear evidence as to the fact of the homicide ; not, however, as to whether the act was one of murder, but as to whether in manner it was a sane or insane act.

Thirteen witnesses were examined on the part of Dr. Wright, and the same number on the part of the Government. The examination of witnesses closed on the 26th of September, the evidence and proceedings making over four hundred foolscap pages of manuscript. The Commissioner visited Dr. Wright during this period, and made quite full record of his interviews on these several occasions, the substance of which is given. It is not proposed to reproduce the testimony, as the extended opinion of Dr. Gray is a full analysis of the evidence bearing on the question of the mental condition of Dr. Wright.

Dr. Wright was 54 years of age, had a wife and several children. He was born in North Carolina, educated in Mid-

dletown and New Haven, Conn., graduated in medicine at the University of Pennsylvania, in Philadelphia, practiced in his native State a number of years, and removed to Norfolk, Va., in 1854. It was in evidence, and uncontradicted, that he was a man of high social standing, an upright, amiable, peaceable citizen; that, in his domestic relations, he was affectionate as a husband and father; that he had a large and respectable medical practice, and that his professional associations were of the most agreeable character. In person, he was tall, erect, dignified—hair long and gray, almost white—full beard and moustache; a man of strictly temperate habits.

We present the narrative of the interviews of Dr. Gray. Of his first interview, he says:

“I called on Dr. David M. Wright in the jail. I announced myself, but found that his wife had told him of my arrival and the object of my visit. I said I did not wish to enter into the question of the act for which he was suffering, or to have him say anything he did not wish to disclose, especially until his counsel had seen him. He replied that he did not wish to see me with his counsel, but would prefer seeing me always alone.

He was pale, composed, gentlemanly; asked me when I arrived, where I was staying, &c. The conversation soon turned upon professional matters, and we discussed recent remedies, their application, &c., in which he was fully up to the present professional views, receiving some and discarding others. He asked me what I thought of the theory of specific remedies for specific diseases, and said his experience year by year convinced him more and more of the importance of looking to the special application of remedies to special diseases; that he thought the time might arrive when we should be more successful in such inquiries. He asked my views as to the use of cannabis Indica, veratria, chloriform, &c.—said these remedies had been of great avail with him, and that he was glad to know that I could give their more extended use an endorsement. The disposition of the profession to reject new things came up, and he said some of the best physicians in Norfolk—for instance, Dr. Selden, now in North Carolina,

and Dr. Tunstall, are slow to receive new remedies, or test the new application of old ones—Dr. Selden, perhaps, the most so. That Dr. Tunstall had manifested surprise on several occasions at his prescriptions, as they went out of the beaten path. He asked all about the Asylum, its management, methods of treatment, &c., showing more than ordinary information in the direction of these questions.

He said that for many years he had practiced in the country, and was accustomed to give out his medicine to his patients himself; and to judge of doses by his eye as to quantity, &c.; and in this he attained great accuracy. This method, however, embarrassed him when he began to write prescriptions. He found that he had forgotten the doses of various remedies in grains, drachms, &c., by his long attention to bulk—was always slow and careful in all his professional matters, putting up prescriptions, &c. Often examined patients in making second prescriptions, to assure himself of his having the case fully in mind—read up his profession well, and retained general principles as well as most men, but often thought his memory failed him as to minutiae. The failure of memory was increasing, especially within a few years. For a long time has been obliged to carry a visiting book, and look at his list to enable him to get along, and feel certain that he had visited all his patients. Has also been in the habit of duplicating his prescriptions, in order to follow his cases, and in doing this has had the benefit of any temporary or new prescription which might act favorably. However, the main reason of duplication has been to meet the failure of memory. Has sometimes thought this failure not greater than in others of his age—54—and has questioned people of age, to ascertain how this was. His wife has been in the habit of asking him in the evening if he has made all his visits, as he sometimes, even with the method above mentioned, forgot to go and see sick patients, and was compelled to apologize or explain the seeming neglect.

He had been a light sleeper the greater part of his life, often getting but a few hours sleep towards morning, but did

not feel this in his health or spirits; that his wife and children often tried to read him to sleep. That since the war, he had slept better than at any time in his life. He asked me how I could explain this. I asked him if he had been in the habit, previously, of reading late in the evening and at night. He said yes. I asked him if he had continued this practice since the war. He said he had read much less since, either night or day, but could hardly consider this sufficient to account for the change.

He alluded to his confinement with such a bad set of men as unpleasant; that he had never realized that men could be as bad as some of those confined in the jail; that he had sometimes thought, since his confinement, that such utter depravity argued against revealed christianity, and tended to make men infidels. He instanced some one or two of the worst cases in the jail, and asked me if I would not examine one boy especially, whom he thought so depraved that he must be insane.

We had further conversation upon social and domestic matters. He told me of his son, and of his anxiety about him, especially as he had not heard from him since the battle of Gettysburg; that his friends informed him that he was not killed.

This conversation, lasting about two hours, was free and unrestrained. He was dignified and easy, but had a good deal of what is called "manner." His manner and conversation exhibited no indications of mental impairment or aberration. His emotions were aroused once or twice when the conversation touched upon his changed circumstances.

I subsequently visited Dr. Wright, with a view of obtaining a more extended history, and for further observation.

He was a delicate boy; friends thought he would die of consumption; nothing particular in his early history; received no accidents or injuries; had from early youth a horror of blood; never could bring himself to the point of shooting a bird, or killing anything; if he caught anything in a trap, he always released it; he excepted the snake as to killing;

he had not shot twenty guns in his life, and had rarely used a pistol—recently, in a club, had practiced a little.

Was sent to Connecticut to school—to Middletown and New Haven. Was there imbued more or less with Northern ideas in regard to slavery. Returned home; allowed his few slaves to select masters, and sold them all. Was unwilling to force a slave where he did not wish to go, and sold one man for \$300 or \$350, for whom he could have got \$600, from a planter to whom the negro did not wish to go; that he afterwards changed his opinion on the subject of slavery and conscientiously believed it to be in accordance with the scriptures, and the true welfare of the negro, and that he looked upon its attempted destruction as a wrong to both races.

He graduated in medicine at the University of Pennsylvania, in Philadelphia, in 1834; gave himself early to self-control; has practiced this, and can scarcely remember the instance of loss of self-control, and does not remember of ever giving way to impatience or fretfulness with his patients; has always enjoyed fair health, and has been able to perform his duties; but this was because he carefully studied his own constitution and hygiene, and was ready to sacrifice his taste and appetite for his health; his appetite has always been fair, and he has been accustomed to taking his food at regular times when possible; missing coffee at breakfast has given him headache, otherwise he has never suffered in this regard, not even when exhausted by labors; has suffered from gastric and renal trouble, and trouble about the heart. Has always been devotedly attached to his family, and has spent most of his evenings at home, when not on professional duty.

As to disposition, has always acted kindly and humanely towards his servants—instanced, that when the negroes generally were leaving their masters, he called his together and told them that he did not wonder at their wishing to go and try the world for themselves; but that if they found they were not as well off as they had been with him, they might at any time return, and that they should receive as much kindness as before; that to his old housekeeper he gave an order on his butcher to give her meat twice a week, until

she was able to maintain herself; that on his farm in North Carolina, he had now several negroes who chose to remain slaves; that last year, one of them came through the lines to Norfolk and returned; that he went to General Veile and told him the case, and that the General gave his negro a pass back through the lines, and gave a pass also to another negro who had escaped from his master, and who was desirous of returning at the same time; that one of his servants, who left him in Norfolk, hearing of his troubles, had made application to the authorities to permit her to come and see him and bring him fruit.

These things he cited as proof of gentleness of character to those below him, and in the most humble sphere.

I asked him as to depression of spirits. He said, though at times he was depressed, he could not say the depression was frequent or great; that he generally took things as they were, well or ill; that he had suffered from anxiety about his son, but not probably more than natural, or more than any loving father would; that he had sustained himself with the thought that his son was in the line of his duty; and that when, after the battle of Chancellorville, his son was unanimously elected lieutenant, he was highly gratified; was proud that his son was so brave and deserving.

I asked him as to his views of the rebellion. He said, at the commencement he was a Union man, but gradually went into the current of Southern feeling; that he and a friend went to the polls together, and on the way discussed the matter; that his friend voted for the Union, and that he voted for secession, to take his State out, in order to save the Union by restoring it; that he was an old line Whig, and always voted with that party, but never was much of a politician, and talked but little outside his friends.

I asked him as to his feelings towards colored troops. He said, when the Federals took Norfolk, his counsel was "dignified non-intercourse, and abstaining from all violence"—this he had uniformly urged; that he kept daily at his practice, and that his books would show that instead of giving himself to the discussions of the day, he had devoted himself to his

profession. He said that his wife had, on the morning before this conversation, brought his memorandum book and book of practice, to have the charges inserted of the day of the unfortunate act, that the accounts might be made up for collection; that he had no enmity towards colored soldiers, though with most Southern men, he thought the arming of slaves a great wrong.

I asked him how he felt on the morning of the day of the shooting of Lieut. Sanborn, and if he had known him. He said he had never heard of him, and, of course, had no feelings against him personally; that on that morning he felt as calm as at any period of his life, and went to his duties as usual; that after dinner he left his office and started for his horse, to go and make the rest of his daily visits; that on the way, and while not thinking of the subject, he saw these colored troops, and this officer at their head, coming towards him, in an instant he felt the most unconquerable and desperate impulse to shoot him, and got a pistol; he declined to say how he got the pistol, as he was unwilling to involve any one but himself; that he would say this, however, he did not have the pistol when he left his office, and not until after he saw the officer, and that he had not had it six, and certainly not more than ten minutes before he used it; that the troops marched past him, he stepping in Foster's store door to allow this; that he used some offensive words to the officer, who was on the curb-stone side of the troops; that the officer marched a short distance, then halted the troops, and came back and addressed him; that he then fired twice, when he was seized by the officer and backed into the store; when they went in, he held the pistol in his right hand, the muzzle of it against the person of the officer, and his hand on the trigger and cock, but he would not draw it; that he did not know the officer was fatally wounded, and instantly proffered to aid him on seeing he was wounded; that immediately afterwards, he felt the most awful agony of mind, and thought if only those bayonets were run through him, it would be a sweet death; that he would then have welcomed such a death; that he suffered intensely for a few days, and found no relief—no

tears; that at length tears came to his relief in a flood, without measure; that then he felt better—slept soundly; that the whole thing was revolting to him—to every sentiment of his nature; that it seemed to him like a horrid dream. I asked him if he had been a member of any church. He said no; that he had always had great respect for religion and religious people, and had been in the practice of reading prayers in his family night and morning; that since his confinement he had been baptized and received into the church. He read me a prayer he had composed some time before, for reading in his family for the safety of his son in battle.

In giving this account, he at times wept, and was greatly overcome by his emotions. I asked him if he had failed in health during his imprisonment. He thought not; that on the contrary, he had gained in flesh, probably fifteen or twenty pounds; at least, he had gained some. He accounted for it in the fact, that he had kept so still, and in an even temperature, and at the same time ate sufficiently; that his bowels had been somewhat sluggish, but not so as to give him trouble.

He wished to know whether the opinion I might form was to be final in his case. I told him I was charged with the duty of investigating his case as to the existence of insanity or not, and report my opinion. He said it seemed to him the want of premeditation on his part, was the strong point in his case.

I had now spent over two hours with him, and came away. He was perfectly coherent, and presented no indications of aberration of mind in conversation, manner or appearance.

OPINION OF DR. GRAY.

The testimony of Margeret E. Widgeon, does not elicit any important fact. She testifies to conduct of Dr. Wright which took place in 1856, and then to a simple act of forgetfulness on his part, evincing no indication of delusion or insanity.

The sum and substance of the testimony of Emily S. Frost, the next witness, is, that hearing the Doctor say "bless my

life—I am not in my right mind—I am not fit to be a physician,” she believed him from that remark to be insane. The natural import of the remark seems to be merely a jocose one—but if it was not, it is a declaration which is entitled to no great weight of itself, and which, in the present case, derives no force from any concurrent supporting testimony.

The witness, Jane E. Balsam, testifies to the opinion of her family, that Dr. Wright was insane, at the same time testifying to her own belief, that he was not insane. She likewise testifies that Dr. Wright did not give her the attention during her illness which she thought the case demanded. A patient’s own estimate of the amount of attention his or her case demands, must be received with caution, and is often exaggerated. In the case of this particular witness, my personal observation led me to believe that she had a natural tendency to dwell upon her own sicknesses, and to attach a little undue importance to them. Dr. Wright’s absent-mindedness is further explained by the fact, testified to by the same witness, that he was at that very time in suspense concerning the fate of a son, who was in the rebel army, and he was naturally absorbed by that topic to the exclusion of all others. This witness testifies to several separate acts of the accused during his attendance upon the family of the witness. None of these acts contain evidence of insanity, except, perhaps, the directions for moving the furniture, which admit of easy explanation, as such directions are not unfrequently given by physicians, and are for the purpose of diverting the mind of the patient.

The testimony of Elizabeth Rooks, as it appears in her cross-examination, is unimportant, and the same remark applies to the next witness, Moses Hudgin, especially when balanced against the counter-testimony offered on the part of the Government, and which will be hereafter noticed. It will be noticed that Hudgin only testifies to events which occurred three years ago.

The explanation given by the next witness, William J. Holmes, of his meaning of the words “wild,” and “waver-ing,” as applied to Dr. Wright’s conduct and prescriptions,

shows that the *opinion* of the witness is not entitled to weight, and no overt acts on the part of the accused are, by the same witness, testified to.

The testimony of N. B. Lee, which follows, does not elicit any fact worthy of remark.

The evidence of the next witness, W. D. Oliver, was in many instances contradictory in itself, and at variance with facts elsewhere established by the concurrent testimony of other witnesses. The appearance and manner of this witness were unfavorable to any great faith in his veracity.

The testimony of the next witness, G. W. Camp, is important, both from the character of the witness, and its directness and positiveness. Mr. Camp is a gentleman of intelligence and education, and an intimate friend of Dr. Wright for many years. His opportunities for observation, as well as his ability to form an opinion upon the result of his observations, surpass those of any previous witness, and entitle his positive declaration, that he had not noticed anything unusual or insane in the manner of Dr. Wright previous to the homicide, nor at any time, to very great weight. It is incredible that a change should have taken place in Dr. Wright patent to those slightly acquainted with him, and yet unnoticed by his intimate friend.

John D. Ghiselin, the next witness, testifies to a conversation had with Dr. Wright two days before the homicide. Dr. Wright exhibited great depression, but no more, as the evidence shows, than was natural under the circumstances. The news of the defeat of the rebel army at Gettysburg had just arrived, and he had received no tidings of the fate of his son. The witness says he was "incoherent" in his conversation on the subject of the war, but does not specify in what the incoherence consisted, and afterwards states that the accused expressed "no insane opinions."

The testimony of the next witness, Dr. Robert B. Tunstall, is the most important offered to prove the insanity of the accused, but is not, in my opinion, sufficient to establish that fact, even if it were not met by opposing evidence. That part of it which relates to the previous health of Dr. Wright,

and to his occasional fits of despondency, shows nothing which amounts to insanity. His eccentricities the witness characterized as "eccentricities of manner, simply." Dr. Tunstall states that he considered the accused to have exhibited indications of insanity, but the impressions of the witness upon the point were vague and unsatisfactory. One was a change of manner in Dr. Wright, but he could not designate the time of that change with greater precision than that it took place within the "last three, four, five, or six years."

Another indication of insanity the witness stated to be that Dr. Wright's professional conduct was at times unaccountable, and his prescriptions eccentric. The observation of the witness in this respect is not substantiated by the rest of the testimony in the case. I personally examined the record of Dr. Wright's prescriptions, but though differing sometimes from ordinary combinations, they exhibited no indications of insane caprice. The peculiarity in Dr. Wright's practice is sufficiently accounted for by his independent character, as testified to by Dr. Tunstall himself and by the next witness, Dr. Granier, and by his professional views as stated to me in one of my personal interviews with him. It is also to be borne in mind that Dr. Tunstall differed from him in regard to professional questions more widely than others of his fellow practitioners at Norfolk. The evidence of Dr. Tunstall is not, as a whole, clear or consistent. The witness at one time says that a change took place in the character of the accused, and, at another time, states that he observed no change in him. He states that he had observed indications of insanity in Dr. Wright, and says, at the same time, that he cannot properly attribute to Dr. Wright, unsoundness of mind. He likewise testifies that before he heard of the homicide, he considered Dr. Wright responsible for his actions. It is difficult to gather from all this, that even the witness himself regarded the accused as an insane man.

Dr. E. D. Granier, the next witness, testifies to nothing which amounts to a positive indication of insanity on the

part of Dr. Wright. He, on the other hand, distinctly states that he never saw Dr. Wright commit any act for which he was, in the witness's judgment, not responsible.

The evidence produced, on the part of the Government, of John and Nancy Taggert, of Wm. B. Forbes, of W. H. Brooks, and of W. H. Brooks, Jr., though negative in its character, is entitled to consideration, and does much to rebut the testimony of the first witnesses offered by the defence. The former evidence is simply to the effect that the witnesses never saw in Dr. Wright any indications of insanity. The character of these witnesses, it may be remarked, was better for intelligence and education than that of the witnesses who testified to the instances first noticed of the insanity of the accused, and the opportunities of the former for observation as good as the opportunities of the latter.

The testimony of Charles A. Santos is important. The witness was a man of intelligence and a competent chemist. His testimony as to the character of Dr. Wright's prescriptions agreed with my own observation of them, as shown by an inspection of the witness's record book. As already stated, although these prescriptions were often unusual, they afforded no evidence of mental unsoundness. I attach importance to this fact, as some of the witnesses seemed to derive their opinion as to Dr. Wright's sanity mainly from this peculiarity in his prescriptions. It is also to be noticed that Mr. Santos testifies positively that there was *no change* in the character of Dr. Wright's prescriptions during the last five years. This fact, thus definitely established, is important in its bearing upon the alleged change of character in the accused during the same period.

The testimony of the remaining witnesses for the Government simply refers to the conduct and appearance of Dr. Wright during his examination before the Provost Marshal, and during his confinement. None of these witnesses have observed any peculiarity or indication of insanity in the accused during this period.

In Dr. Wright's own statements, made to me during my second personal interview with him, he said that he committed

the deed under an uncontrollable impulse. It has been impossible for me to arrive at the conclusion that this impulse was an *insane* one, and uncontrollable in the sense in which an insane man's impulses are beyond his control, and for the following reasons:

1. Dr. Wright was not suffering from delusion at the time, and induced to the deed by such delusion. He was under the influence of a burst of passion, but was not under the influence of hallucination of any sort.

2. Though insanity may be in a manner latent for a long time, and at last appear suddenly by an act of violence, it is incredible that insanity of such a kind should have existed without previously disclosing at least more indications of its presence than are to be found in the testimony in this case.

3. Latent insanity, suddenly appearing in the manner mentioned, does not instantly disappear with the accomplishment of the violent act, as it has done, if it existed, in the present instance.

4. There are so many circumstances of deliberation in the act of Dr. Wright, besides other evidences of sanity, that it is, in my opinion, impossible to attribute it to irresistible insane impulse.

In taking a general review of the testimony, it is to be remarked that the witnesses called for the defence and testifying to peculiarities of professional conduct upon the part of Dr. Wright, were mostly persons outside the social sphere of the accused, and who knew him only in the occasional professional visits made them. Their mere opinion, therefore, is not entitled to weight, and their testimony is only of importance so far as it gives a simple narrative of facts. These facts and incidents I have above noticed. After allowing them all the weight they are in my opinion entitled to, or even if they were left wholly unexplained, I think they are too *few*, too *disconnected*, and too *insignificant*, to afford a reasonable foundation upon which to establish the fact of insanity. Especially is this the case when these facts are met by the counter-evidence already noticed, and in view of the fact that Dr. Wright, during the time of his alleged insanity,

enjoyed the confidence of his fellow-citizens, was in the full discharge of the duties and responsibilities of a large medical practice, and was highly exemplary in all the social and domestic relations of life.

It is a significant fact that no member of a family attended by Dr. Wright, who was on terms of social intimacy with him and his family, and who was best qualified by education to form an opinion, has appeared to give any testimony in regard to his professional conduct tending to support the allegation of insanity. On the contrary, those of the witnesses who knew him intimately, and met him in the familiar intercourse of social life, testify to his sanity.

In conclusion, for the reasons above stated, from a careful analysis of the whole testimony taken in the case, and due reflection thereupon, and from an examination of the accused by conversation and personal observation, I am of the opinion that Doctor David M. Wright was not insane prior to or on the 11th day of July, 1863, the date of the homicide of Lieutenant Sanborn; that he has not been insane since, and is not insane now.

GENERAL MENTAL THERAPEUTICS.*

BY J. PARIGOT, M. D.

The Belgian system of *free-air* and *family-life* is, strictly speaking, no more entitled to be called a therapeutical method than the English system of *non-restraint*. Both are simply more or less favorable *conditions* for the cure of the insane. On the contrary, the *restraint* and *disciplinarian* systems are active agents employed in the moral treatment, but these are applicable only in the great minority of cases. Now the real therapeutical means which are effective in the hands of

* Continued from page 405, Vol. XIX.

experienced psychopathists, being the moral and medical treatment, we propose to offer some general considerations on this subject.

In our opinion, the psychopathist should not be prejudiced against any system or method, whose aim is to cure. The times have passed when pride, obstinacy, or party spirit, could say, "let the world perish rather than our system." We intend, therefore, briefly to review all methods.

First, we shall speak of change in the habits of life, distractions, travels, mental and manual labor, exercise, discipline, moral and physical restraint, rewards, punishments, imposed self-government, moral reaction, and, in fact, all the means included in moral treatment. Next, we shall discuss certain medical theories, the antiphlogistic method, balneology and hydrotherapy; and finally, the pharmaceutical treatment, depressive, anti-spasmodic, narcotic, revulsive, tonic, and alterative. To these should be added the employment of electro-magnetic currents as peculiar stimuli to the muscles and nerves; but on this subject special researches are necessary, and it will be treated in a future communication.

The question of prophylaxis, however, precedes every other in therapeutics, and claims the earliest consideration. The difficulty of ascertaining the first dawn of insanity, except in hereditary cases, is acknowledged by every psychopathist. The terrible interrogatory that a sane man may propound to his alarmed consciousness, "*am I not becoming insane?*" is often made where such a state of mind is least suspected by others; and yet the unfortunate questioner may be on the brink of the precipice. The cause may be moral, material, or accidental. He may have noticed organic changes coinciding with mental disturbance; hallucinations of the senses may exist; he is aware of an alteration in his feelings and intellectual faculties—in a word, his emotions, sensations, and intelligence are obscured, and he is in almost all respects a new man. Still the powers of observation and volition are not yet annihilated, and he is able to *judge* of his errors, and to *hear* himself talking nonsense. In such cases,

as in many other instances, nature sounds the warning. At this point, if the effort be made, a sort of hygienic morale may arrest the impending crisis of insanity. Two cases will illustrate how far moral courage and energy may prevent further development of disease. A gentleman who had lost his property in speculations became despondent and subject to the following illusion of the sense of touch: when rich, the ground felt secure and stable under his feet, but since he had no more money, he assured us that the ground was giving way under his steps, so as to make walking disagreeable. The energy necessary to begin a new life, and to make provision for a family he had adopted, restored the healthy action of his mind. In the next case, that of a father who had lost his only child, and in whom the so-called consolations offered, had augmented a predisposition to lypomania, the resolution to counteract these symptoms by a strong application to his pursuits, prevented the explosion of insanity. Medical men are aware of the importance of moral and hygienic laws relative to marriages, and these are intimately connected with the matter under discussion. The question whether these can or must be enforced by legal enactments, is not in our province as medical men to determine. These laws refer to the impropriety of marriages between those who are, or have been, insane, or between persons born of insane parents. The greatest names in the history of Europe have disappeared by the intermarriage of persons of high rank, either too nearly related, or descendants of cachectic individuals. The following incident, even if fictitious, had its origin in this fact: A French soldier was punished for not having presented arms to a grandee of Spain, who was a hunchback. "Now," said he, "in future I will present arms to every deformed Spaniard, for it appears they are all grandees." The same objections may be urged against the alliance of persons bearing the stigmas of scrofula and of other constitutional or hereditary defects, or of those who descend immediately from persons addicted to intemperance. When such marriages take place, as often happens, the education and physical development of the children must be

attended with much care to avoid the ominous prognostic of insanity and degeneracy. The psychopathist must seek, in these cases, to counteract the material and moral causes of danger which are constantly threatening, and to substitute influences of a different character. Climate, food, education, wonderfully modify a young child, and this change holds good, not in our species only, for veterinary surgeons have recorded most astonishing alterations in the form, appearance and qualities of transplanted animals. For instance, horse dealers visit Flanders, yearly, to buy colts, with the view of selling them a few years afterwards for Norman horses, when they shall have taken some of the qualities of that horse, under the influences of another climate and more healthy pastures. But there is one unfortunate circumstance with which veterinary surgeons have not to contend, viz: the general and incontestible inability of the parents of such children to raise and educate them. Many physicians, baffled in their exertions, have confessed that it appeared to them as if nature herself had deprived some parents and individuals of that instinct of conservation and of that intellectual prevision about their own fate or that of their offspring, in order to bring such degeneracies to a prompt end. Ancient philosophers observed and proclaimed the necessity of a peculiar education for certain moral dispositions. This is true, but modern medicine goes farther, and teaches that material defects require hygienic rules and active medical agents. If, for example, the prudent must be opposed to the unwise, the moderate to the spendthrift, and so on—is it less true that nervous and fidgety persons are incompetent to the direction and control of petulant and sometimes mischievous children, who are predisposed to intra-cranial disease? We have the same question respecting lypemaniacs, who must be snatched from the influence of those similarly disposed. Again, is it not necessary to transplant the sickly, blighted and degenerated child of manufacturing towns into the open fields, in order to see life taking a new and more vigorous direction. We believe in the French proverb, *ventre affamé n'a pas d'oreilles*—"one cannot reason well upon an empty stomach"

—meaning thereby that it requires a good physical condition to permit the development and use of the higher faculties. Children who have inherited germs of mental disease should be separated from their parents, and educated under the eye of the psychopathist. Sometimes their locality should be changed at the time of their birth; and finally, we may say that from their wet nurse (always selected from the healthiest) to their last tutor and real friend, they must constantly be under prophylactic influences.

There is certainly no disease so protean as insanity. Every form of this malady has a thousand individual peculiarities, each of them requiring some modification of treatment. For this reason, general therapeutical rules are often inapplicable in psychiatry; and again, those rules which appear adapted to one case, cannot be applied to an apparently similar one. Hence arise many discrepancies of opinion among celebrated authors, and the apparent contradictions found in our best classics. Esquirol, for instance, said, in general, that an asylum was, in the hands of an experienced physician, the best means to cure insanity. Still, in many other passages in his books, quite different and opposite principles are advocated. For example, he says, "I have *always* observed that insane patients are relieved by long and distant travels, especially if foreign countries are visited, whose landscape is able to make an impression on the patient's mind; also if difficulties, annoyances and much fatigue have (as is often the case in long travels) been experienced." It is easy to perceive that Esquirol had only found many individual cases (not *always*, as he says,) that needed free air and travel, instead of isolation in an asylum. All conscientious psychopathists admit that an identical form of insanity may in one case require the rules of discipline and even of restraint, and in another case kindness, forbearance and liberty. In all cases, individual sensitiveness must never be lost sight of. Often a change of establishment has had a favorable result, not because the physicians had more skill, but because a false step had been abandoned. The success of many cases in Gheel are to be accounted for on this

principle, for I have myself seen patients who had been detained as incurable and dangerous, promptly restored to health and reason when submitted to an entirely different regime.

In all cases of insanity, especially in the first stage of the disease, a complete change in the mode of living is necessary, and is sometimes attended with great benefit. We have seen the advantage of change of locality, and the substitution of field labor for the employments of town life. Hundreds of cases of insanity, contracted under the depressing influences of poverty, shame, or moral pain, have recovered more or less quickly in agricultural districts, when time and the unemotional life of the farm-cottage had been able to dispel and dry up the sources of grief. It has been noticed that those occupations which require constant sitting or confinement in workshops were changed with advantage to the patient. In the majority of those employed in workshops under the guidance of attendants or supervisors, it is evident that there had existed some long standing chronic disease. The pallid aspect and worn-down expression of the sufferers prompt the idea that their nutrition has been affected in its deepest recesses. It is probable that in these cases the nervous system, which presides over the organic functions, is as much diseased as the cerebro-spinal. Although apparently difficult, it was always beneficial when we could substitute out-door labor for shoemakers, tailors, and so on. Now the question arises, if, as in the so called Colony of Fitz-James, near Paris, we must first make an asylum *self-paying*, and thus make a profit out of human infirmities! We say patients ought never to be converted into machines and tools for private speculation. Voluntary labor is the only kind that should be proposed to patients. Sometimes patients who have recovered resume their former craft, in which they were more proficient, and sometimes abandon them for a new industry, as in the case of weavers becoming farm laborers, and the like. Bodily exercise and labor are exceedingly beneficial to maniacs of every description, but on the exclu-

sive condition that it is rendered voluntarily. Free-will labor has the advantage that patients instinctively choose occupations in accordance with their state of health. In many such cases repose, leisure, light domestic occupations, or the care of a small garden, will be sufficient to promote health and comfort.

Employment, distractions and travels have a good effect upon those cases in which the reflex and morbid sympathy of the organism has vitiated the most important of our faculties, *volition*.* In these cases also, moral restraint, discipline, and even material restraint, constitute an important part of the moral treatment. When, as sometimes happens, a patient says, "hold me! secure me! I am going to kill you!" is not the case similar to that maniacal erethism where the insane strive to inflict some injury on themselves or others? There, restraint is called for and is necessary. But what is the best mode of restraint? Certainly that which most speedily calms the patient. The worst form is where patients are held by the attendants; the next is the cell, which first requires violence, and which secondly leaves the patient to his exasperation between four walls. In our opinion the leather strap about the wrists is the best material restraint, for then the patient may enjoy the liberty of walking in the fields; he has no hatred or vengeance for those who have applied it, for it may be put on during the night by those he does not know, and his attendants take no part in the matter. The patient may be left alone, no offered active violence overpowers him, it is but a *passive resistance* which annihilates his efforts, and the distractions of the fields and the calming influences of the open air soon overcome his irritation.

Often, when the patient is under the influence of medical treatment, and in the favorable condition of non-restraint or of free-air and family life, it is necessary to act by moral

* NOTE. Of late, several writers who admit that our sensations, feelings and judgment may be separately disturbed, nevertheless deny that volition can be morbidly affected. Facts of *diastrephia*, daily recorded, relieve us from such a discussion; and the importance of preventing accidents and misfortunes sanctions the efforts of those who admit the existence of insane acts.

restraint *on him* and *through him*. In order to obtain that active process in the patient it is sometimes essential to create a motive of action quite in opposition with his will; and here come in fear, punishment, imposed self-government, to which we would oppose love, kindness and reward. The celebrated Leuret, who was of opinion that the influence of the mind on the body was more powerful than that of the body on our spiritual nature, had ultimate recourse to punishment when a patient would confess his error or delusion. His employment of the douche as a motive to self-government, brings to mind an answer I received from a patient to whom I had applied the best reasons I could think of, to prove that he, a gentleman, should not have conducted himself improperly. He remarked, "dear Doctor, your preaching is very good. I appreciate your reasons; but you had better give me some medicine that will cause my brain, which I sometimes think is *paralyzed*, to act as I myself desire it." Leuret's moral prescriptions might have been effective against error or sin as a cause of insanity, but not against the morbid results of the latter in the organism. Such means may be prophylactic against the gradual alteration of our tissues during the convergence towards insanity, but never against its consummated action. The difficulty, however, is to know exactly when real insanity has superseded vices. Doubtless the moral treatment must accompany or follow the medical treatment. Nature has a tendency to heal and restore what is out of order in structure, and thus it may be conceived why moral activity may suddenly restore the mental faculties. When the mechanism of a watch has been put in order, an impulse is required to set it in motion and to give the right time. By some analogous process I suppose a moral impulse may suddenly provoke a return towards reason and self-possession, when the organ of the mind (I do not say the soul) has been restored to health, or is, at least, in a relative state of recovery.

We, in America, are far from the age, when the celebrated Rush recommended the lancet as the great remedy for the

prevention and cure of insanity. Broussai's theories,* also, are generally abandoned. Still a few French psychopathists of high standing advocate his system in irritation and inflammation, and do not hesitate to bleed patients of a sanguine temperament, when there is accelerated pulse and cerebral congestion, pain and pressure. Some physicians, even, contend that where a congenital predisposition to insanity is suspected, it is expedient to have immediate recourse to the anti-phlogistic method. But in those predisposed subjects to insanity who have suffered from well-marked inflammatory diseases, or from difficult parturition, the nervous symptoms that follow, or the convulsions that attend, are by no means indications to bleed and cup. In cerebral congestions a few leeches over the mastoid process have been recommended, but I have always found great caution requisite, even in these cases. Asthenic constitutions are now generally prevalent, and in these, certainly, *symptomatic* treatment does not recommend the abstraction of blood. It is a difficult matter for the practitioner to discriminate between the apparent hyperæmia produced by nervous excitement or exhaustion, and a case of real plethora. General practitioners sometimes bleed and cup maniacs and general paretics in the first stage of their disease. This we have witnessed in hospitals, and always remarked the bad results of such practice. The application of leeches to the perineum is sometimes advantageous in cases of insanity accompanied by what the Germans term *Plethora abdominalis*, and Hæmorrhoids. Leeches also afford relief in suppressed catamenia and during the period of change of life in women.

Balneotherapeia is an excellent method in our specialty. The effect of bathing is to calm, but the bath tub is not always the best means to this end. For certain patients, liberty and freedom of motion are more agreeable, and for these there should be swimming-reservoirs of tepid water.

* NOTE. When these theories were in vogue, in the treatment of the insane, dementia and prostration were the inevitable consequences.

In summer, when the sensitiveness of the skin is not too great, the cold bath is preferable. The tepid bath employed as a therapeutic agent, diminishes the erethism of the nervous system, it restores the functions of the skin, abates its congestion, and promotes that state of relaxation which favors sleep. The motion in the water facilitates these good results, and we would recommend these swimming baths for asylums, where hot water is easily obtained through steam appliances. To weak persons, baths are generally given at a temperature of 75° F. to 80° F. Stronger patients may bear a lower degree; but such baths must be of short duration, and reaction must be established by friction or motion. The celebrated Brierre de Boismont has employed bathing for twelve and twenty-four hours, with great success, in cases of *delirium acutum*. Some authors speak of air-baths. The best of these I believe to be *free-rambling* in the country. Perhaps in certain patients of the higher classes, where persuasion has no effect, and constraint is objectionable,* the air-bath of the fields may, in some respects, supply the place of the liquid one. When the skin is in a proper condition, the absorption and excretion of that powerful organ permits a pure atmosphere to act upon it as water does. It may seem remarkable that balneotherapy, which in itself is almost an anti-phlogistic method, has not, even in its most powerful application, the bad effects of the latter. The axiom, *sanguis, moderator nervorum*, is respected in its quantity, and the calmative effect of the bath restores the patient's strength. The same result is seen at the termination of acute diseases, when the strength is restored by a cessation of the evil, and not directly by medication. The *rational* use of hydro-therapeia has been followed by great success. Cold water affusions with the sponge, followed by dry friction with towels, and afterwards by bodily exercise, have had the effect of restoring the impaired digestive functions. The

* NOTE. I have often been present during the administration of baths, and have observed that these occasions frequently served as an excuse for violence towards patients. Under such circumstances, what benefit could reasonably be expected? None.

sudatio, or profuse perspiration, following the enfoldment of the body in wet sheets, and the subsequent reaction produced by cold water showering or irrigation, has a calming effect, and appears to relieve that neuropathic state which perverts not only the organic functions, but the mind of the patient. Moderate affusions to the head are beneficial, especially when the patient will receive them sitting in his tepid bath. Large columns of water poured on the head from a height are injurious and dangerous. They occasion the most painful gasping and suffocating sensations, and if continued for a few minutes may cause sudden death.

In psychopathy, it is essential, first, to accurately diagnose the disease, and next to know how to apply the proper remedy. But other rules in general therapeutics are not applicable to our specialty. It is acknowledged that in acute bodily diseases the most active and powerful means must be employed, whereas in psychopathy, when there is high nervous excitement, it is advisable to abstain from active medication. In mild bodily maladies, mild means may be resorted to; in similar states of mental disease, the psychopathist must often bring on the field his pharmaceutical reserve. Dementia, for instance, frequently requires alteratives, tonics and stimulants. Of course, any modification in the treatment of individual cases will suggest itself to the therapist.

All the pathological symptoms perceived in insanity and the neuroses, let them be permanent or periodic, are simply external signs of internal lesions of solids or liquids influencing the functions of the economy. These are founded upon dyscrasiæ of all kinds, degeneracies originating in material and moral disorders. By some law of association, these lesions are connected with the sensational, emotional, intellectual, or volitional disturbances and perversions. Now, then, here begins the empirical use of remedies in these lesions. The doubts and difficulties attending this subject must be, in a great measure, solved by hospital practice.

It remains now to briefly enumerate the means employed

in idiopathic and symptomatic insanity, and the several forms, mania, lypemania, diastrephia and dementia.

The congestive state of the brain and its envelopes often acquires great intensity. The difficulty, as we have said, lies in discriminating between the nervous excitement that acts as a cause in these cases, and a mere inflammation and congestion that produces a temporary delirium. In the former, the delirium is often followed by convulsions and paralysis, and not only would bleeding be injurious, but even a febrifuge treatment, not to speak of the depressive and nauseous drugs formerly used. Whereas, in acute encephalitis, bleeding, cold applications and revulsives will be most serviceable. In mania, the psychological symptoms are more prominent than the physical ones attending an acute inflammation, and vice versa, in the latter case the somatic symptoms predominate over the mental ones simulating insanity. Now, if the physician makes a false diagnosis, and regarding insanity as the result of inflammation, treats it anti-phlogistically, a partial amelioration in the symptoms will be speedily followed by an aggravation of the disease, and sometimes by the sudden occurrence of dementia. We have before remarked the good effects of balneotherapy and hydrotherapy in *delirium acutum*, where medicines are not always successful. Still, narcotics in small and gradually increasing doses have been employed to diminish that general state of excitement, and where sleep has been induced, the result has been favorable. But beware of mercurials in insanity.

Of the forms of mental disease, lypemania is most frequently dependent upon a diseased state of that great nervous system termed the sympathetic. There is a reflex action on the brain, originating in the disturbances of the digestive, circulatory, pulmonic and reproductive organs. But this is a subject requiring close and attentive research. We have read an interesting paper touching this matter, by Dr. Workman, and published in the *Journal*. Where this form of disease is occasioned by the organic lesions specified, it is against these that we must first direct our medical appli-

ances, and here come in the various therapeutic agents treated of by the best authors on pathology. Hydrotherapy, tonics, and remedies acting directly on the composition of the blood have been found advantageous. Narcotics combined with purgatives have been recommended in some cases where the liver and intestines are implicated. Alterative agents, as iodine and bromine, have been used where there was passive congestion of the brain, as well as derivatives and purgatives. Issues, setons and blisters we cannot advise, as they produce more annoyance than good to the patient. Neither lypemania nor mania are benefited by bleeding, cold applications, drastics, or nauseous and depressing medicines. These are aptly termed by the French school, *perturbateurs*, and for this reason they appear to us irrational.

All writers on psychopathy have recommended a good nourishing diet in the different forms of insanity. If this is required in mania, experience has proved its utmost necessity in lypemania, where we must not only have a good diet, but restoratives and stimulants, wine, brandy, beer, &c. The state of the various organs should be carefully observed and regulated; and here, tartar emetic, calomel, ipecacuanha, digitalis purpurea, quinine, nitrate of silver, iron, iodine, and so on, may find their application. But we believe there remains much to be done in this department of therapeutics, and that there are special analeptics and special stimulants to the nervous system, such as *Flex paraguensis*, *Paullinia sorbilis*, Congonhas, and the Cafein extracted from tea and coffee, which have not yet been tried in cases of great nervous exhaustion arising from protracted delirium or melancholia.

Moral treatment, combined with the pharmaceutical, has had such favorable results in diastrephia, (moral insanity, about which there is so much perplexity) as to leave but little doubt about the real existence of this affection in mental pathology. These neuropathic and cachectic disorders induce a sympathetic affection of the brain. Moral degradation and physical degeneracy may coexist, and thus pervert the highest faculty of the mind, which may be termed *the activity of our*

conscience. In periodic and intermittent mania and in diastrophia, quinine, the oxide of arsenic, and other tonic combinations may be resorted to with the promise of success.

The refusal of food is frequent among the insane, and arises from various causes. Sometimes it is the mere expression of suffering from an organic lesion, which should be carefully investigated. Where it is the result of a fixed idea or delusion, it should be overcome by other means than violent constraint. Some have proposed to conceal medicinal substances in the food, to save the patient the torture of nauseous doses. This is an excellent method, but care is required, as the slightest taste may rouse distrust and suspicion. Pharmacutists now prepare *dragées* (sugar plums) and pastilles, by which, remedies may be given in small quantities, and in an appropriate condition for absorption. Happily, many medicines are tasteless, some others are so when given in small quantities disguised by some prevalent flavor, as chocolate, coffee, pies, &c. Small portions of iodine and bromine are soluble in water or beer; calomel may be mixed with butter and spread on bread; castor oil may be made a part of custards; scammony and jalap may be used as pepper, and small quantities of aloes, quassia, sarsaparilla, opium, and many fluid extracts may be dissolved in ale or porter.

We believe it is a great error to say that chronic cases and those of dementia should be abandoned to the efforts of nature. It is true that she cures exceptionally in these cases, but not generally, else there would be fewer "incurables." We would recommend very diminutive doses of powerful remedies, and of these such only as have a continuous and certain action, and especially those that affect nutrition and the composition of the tissues. Revulsives should only be employed in cases of stupor. In the absence of great nervous excitement and *a fortiori* in the state of depression, stimulants, bitters, tonics, quinine, nitrate of silver, and preparations of arsenic are indicated, but issues, blisters and depressants must be avoided.

[The following Prize Essay was read by the Author at the recent Commencement of the Columbia College Law School, and subsequently appeared in the November number of the *American Law Register*. We tender our acknowledgments to Mr. Wetmore for revising the Essay for publication in the JOURNAL OF INSANITY, and especially for several pages of new matter, in which is discussed the question of Moral Insanity; the consideration of this subject having been excluded from the original paper by a rule of the Law School limiting the length of the essay.

EDS. JOURNAL.]

MENTAL UNSOUNDNESS AS AFFECTING TESTAMENTARY CAPACITY.

BY EDMUND WETMORE, ESQ.

I. Insanity, as it is recognized in law, appears under two aspects: First, as active insanity or mania, and secondly, as passive insanity. Mania, according to most writers, may be either general or partial, and may affect the moral propensities or the intellectual faculties, or both. Passive insanity includes idiocy or imperfect development arising from congenital defect, and imbecility which results from causes supervening after birth. This classification might be extended, and does not embrace all the distinctions which have been admitted in the courts, much less all those known to physicians.¹ It is, however, sufficiently exact for the present purpose.

By a rule of law, as ancient perhaps as the custom of making testaments, no person of unsound mind can make a valid will. The present inquiry will be confined to an examination, necessarily brief, of the manner in which this rule has been applied by the Courts generally, and particularly by the Courts of the State of New York, to the various forms of insanity just mentioned. There can be no controversy concerning the method of application in regard to some of these forms, and it will only be necessary to mention them for the sake of

¹ For a distribution more in accordance with medical science, see Copeland's *Med. Dict. in verb. Insanity*. Also Ray's *Med. Jur. of Insan.* p. 71. (Dr. Ray's is perhaps the best medico-legal classification which has been given.) See also Whart. & Stillé *Med. Jur.* § 74 *et seq.*

completeness; in regard to others, questions of great subtlety and difficulty perpetually arise.

II. ACTIVE INSANITY OR MANIA.

1. *General Mania.*

a. Medical Definition. Mania is recognized in various forms by physicians, and is usually classified into *intellectual* and *moral* mania, though these latter terms are not accepted as accurate by all psychologists. Among the various definitions of general mania proposed by medical writers, one of the best is that given by Dr. Bucknill, who says it is "a condition of the mind in which a false action of conception or judgment, a defective power of the will, or an uncontrollable violence of the emotions and instincts, have separately or conjointly been produced by disease."¹

When the disorder involves the whole moral nature, the case is one of general *moral* mania; when it involves all or most of the operations of the understanding, it is general *intellectual* mania.²

The subject of moral insanity was discussed at length by the Association of Medical Superintendents of American Asylums at their last annual meeting, held in New York, in May, 1863, and the discussion reported in the *AMERICAN JOURNAL OF INSANITY* for July last. This debate is valuable and interesting as presenting the views of the most eminent psychological experts in the country upon this important and difficult question.

Those who maintained the existence of moral insanity argued, that by that term was simply designated a species of insanity in which the obvious primary affection was confined to the moral faculties, and in which the same faculties continued to be much the most prominently, if not exclusively affected; that there was no ground *a priori* for asserting that such a form of insanity might not exist, for it is acknowledged that a single delusion of the intellect often constitutes the entire perceptible insanity of an individual, and there is no

¹ Bucknill's Essay on Unsoundness of Mind, p. 28.

² Whart. & Stillé Med. Jur., §§ 174, 235.

reason why the brain may not be disordered in such a way as to alone derange the manifestation of the affective faculties, as well as to be diseased in such a way as alone to derange the manifestations of the intellectual faculties, and, the question being thus reduced to one of mere fact, that cases of moral insanity had been actually observed; and, in support of the statement, the cases reported in works of medical authority were cited, as well as a few coming under the personal observation of the gentlemen themselves.

To this, the disbelievers in moral insanity replied, that nothing could rightly be called "moral insanity" except an impulse to do wrong, so uncontrollable by the processes of reason—themselves being unimpaired—as to amount to a disease: any appreciable disturbance of mental integrity put the case in another category; that, the question being yet undecided whether the moral characteristics have a distinct existence as such, or are the result of certain mental processes, it is by no means clear that even *a priori* there may not be a reason why there can not be a disorder of the affective faculties unaccompanied by intellectual lesion; that, waiving this question, however, and taking issue upon the question of fact alone, no case of pure moral insanity has ever been observed. Out of twenty-four hundred cases of insanity examined by Dr. McFarland, there was none found which could be classified under that head. In the two thousand insane treated by Dr. Workman, and the fifteen to eighteen hundred reported by Dr. Chipley, not a single instance of moral insanity was detected. Dr. Gray stated that he had never seen a case corresponding to the description of moral insanity given by any of the medical writers upon that subject, and that he had observed between four and five thousand cases of insanity. It was contended that the presumption from such facts as these was, that, in the rare instances where the only discovered manifestation of insanity was a morbid perversion of the moral faculties, intellectual impairment actually existed at the same time, but escaped observation; and instances were cited where a long period elapsed before a discovery of the intellectual aberration was made.

In this discussion, it will be noticed, both parties admit that manifestations of the emotional faculties are frequently exhibited which are the concomitant of insanity, and which from their peculiar, extravagant or unnatural character can only be attributed to disease. Instances of such manifestations are readily cited. The patient, under the influence of maniacal excitement, gives vent to expressions of ingenious and terrible profanity, of which, when sane, he does not even know the meaning: under the pressure of melancholia he sinks into causeless despair, or, in the incipient stages of his insanity, he commits improprieties which are utterly at variance with his previous character and habits. The noticeable point here is that it is the *character of the act* that indicates the existence of insanity. If, as is reported actually to have happened, a man steps into the passenger car of a railway train clad simply in a hat, long cloak and boots, and, after the train has started, calmly divests himself of his cloak and hat and hangs them up, without the slightest apparent consciousness that such a proceeding is at all improper or unusual, few physicians, we presume, would hesitate to pronounce the man insane from the *character* of that act and before he knew whether he was suffering under any delusions.

But let it be supposed, if the supposition is allowable, that in such a case no delusions in fact could be discovered, nor any evidence of *intellectual* impairment; can the case be pronounced one of insanity before such impairment is discovered? In other words, is the character of the act *alone* sufficient ground for predicating insanity? Here lies the question in dispute, and the manner in which it is decided is fraught with important consequences. If it is impossible to pronounce any case to be one of insanity until the existence of *mental* alienation is actually and visibly *proved*, then it is possible that an insane man should be held judicially responsible for his acts.

Allowing due weight to the opinions and statements of both parties to the discussion referred to, the conclusion we should derive would be somewhat as follows. Taking "moral insanity" to mean a disorder of the moral powers without there

being any appreciable disturbance of the intellectual faculties, it is more than doubtful if such instances are to be found, forming a *distinct type* of mental disease, like melancholia. The more thorough and extended the observation of the insane, the more rarely do such cases occur, so rarely indeed, that in view of the further facts that the observations of late years are the most valuable as having the benefit of previous experience and discovery, and that intellectual disorder frequently remains for a long period undetected, the inference can scarcely be avoided that the few cases reported as instances of pure moral insanity were not thoroughly examined, and that, if they had been, sooner or later, intellectual disease would have become apparent. But granting that "moral insanity," as defined by medical writers, is not proved to exist as a *distinct form of insanity*, having its own growth and development, and even allowing that the term should be banished from the scientific vocabulary, is it also proved that the disease of the brain, or the mind, or both, called insanity, may not *first* manifest itself in the morbid action of the moral faculties?

Is not moral obliquity frequently one of the *symptoms* of insanity, and, sometimes, the only symptom *discoverable*? Now, although, as a symptom, it may never in fact exist unless accompanied by the additional symptom of mental aberration, it may exist so unequivocally that the physician can *infer* the last without being able to find visible evidences of its presence, as Prof. Agassez can construct the whole fish from a single characteristic fin or bone, or the artist pronounce as to the character of a statue from a single well marked fragment?

If this conclusion is correct, the practical difficulty is, in a measure, removed; for whatever theory may be held as to the existence of moral insanity unaccompanied by intellectual lesion, there would be no hesitation in coming to a decision upon the facts of any given case: the believer in moral insanity would pronounce the patient insane without seeking for further evidence than morbid moral perversion; the disbeliever in moral insanity might, on the same state of facts,

have no doubt as to the patient's insanity, but he would come to his conclusion by a somewhat different process of reasoning.

b. Legal Definition. The legal criterion of the existence of general intellectual mania is that of *delusion*. "The true test of the absence or presence of *insanity*," says Sir John Nicholl upon this point, "I take to be the absence or presence of what, used in a certain sense of it, is comprisable in a single term, namely, *delusion*. Whenever the patient once conceives something extravagant to exist, which has still no existence whatever but in his own heated imagination; and whenever, at the same time, having once so conceived, he is incapable of being, or at least of being *permanently* reasoned out of that conception, such a patient is said to be under a *delusion*,² in a peculiar half technical sense of the term; and the absence or presence of delusion, so understood, forms, in my judgment, the only true test or criterion of absent or present insanity. In short, I look upon *delusion*, in this sense of it, and *insanity* to be almost, if not altogether, convertible terms."³

General moral mania, as understood in law, is said to consist "in a disorder of the moral affections and propensities, without any symptom of delusion or error impressed upon the understanding."⁴

c. Application to questions of Testamentary Capacity. No person suffering from general intellectual insanity can make a valid will, as being beyond all doubt a person of unsound

¹ "*Insanity*," as here used, has a meaning equivalent to that of *mania* as understood by physicians, and in the sense in which it is employed in the present essay. A certain amount of confusion in the use of terms is unavoidable when the same words, as is the case with many of the words denoting the different forms of mental disorder, have a scientific meaning which is different from their popular signification.

² Sir John Nicholl has elsewhere given a definition of delusion which has been objected to by Lord Brougham, who substitutes a definition which is in turn criticised by Judge Dean. (1 Am. Law Reg. [N. S.] 519.) The definition above quoted, however, seems to be free from any of the objections suggested in the other cases.

³ *Dew vs. Clark*, 3 Add. 79, (also separately published, though the separate case is now rare.)

⁴ *People vs. Hopp*, 19 Am. Jour. of Insan. 457.

mind, but general moral mania, as above defined, has never been held a sufficient ground for annulling a testament. The insanity of the testator, in order to have that effect, must be shown by proof of delusion, which is, of course, characteristic of intellectual mania alone.

2. *Partial Active Insanity.*

a. Medical Definition. Medical writers define partial intellectual mania in which the hallucination is confined to a particular idea, or train of ideas.¹ Corresponding to intellectual monomania, partial moral insanity is said to consist in the perversion of one or two only of the moral powers.²

b. Legal Definition. The law early recognized the distinction between general and partial insanity,³ and the legal criteria of the existence of the latter are not materially different from those adopted in medicine.

c. Application to questions of Testamentary Capacity. In the case of *Dew vs. Clark*,⁴ before cited, it was held that partial intellectual insanity will invalidate a will, provided the latter is the direct unqualified offspring of the morbid delusion. The same view has been generally adopted in this country.⁵

The doctrine of *Dew vs. Clark*, and *Greenwood vs. Greenwood*, has never been impugned in this country, but has been somewhat disturbed in England by a later decision in the case of *Waring vs. Waring*.⁶ In that case an extreme position in regard to intellectual monomania, as affecting testamentary capacity, was taken by Lord Brougham in delivering the opinion of the Court, without dissent from Lord Langdale, Dr. Lushington or Mr. T. Pemberton Leigh, by whom the case was heard. Lord Brougham argued that the mind, being

¹ Ray's Med. Jur. of Insan. 152. Whart. & Stillé Med. Jur. § 245, *et seq.*

² Dean's Med. Jur. 500.

³ Hale's P. C. 30

⁴ 3 Add. 79. Also, *Greenwood vs. Greenwood*, 3 Curties, App.

⁵ *Leech vs. Leech*, 1 Pa. Law Jour. 179, s. c. Am. Law Jour. Oct. 1851. "A monomaniac may make a valid will, when the provisions of the will are entirely unconnected with, and of course uninfluenced by the particular delusion:" per Gridley, J., *Stanton vs. Weatherwax*, 16 Barb. 259.

⁶ 6 Moore's Priv. Coun. Cas. 349, (1848.)

one and indivisible, if it is *unsound at all times on one subject, is a diseased mind*; that no confidence can be placed in the acts of a diseased mind, however rational those acts may be, and hence, that a monomaniac can not make a valid will even when his delusion does not concern the subject of the disposal of his property. He lays down the rule that "the existence of delusions being proved, and their continuance proved or assumed at the date of the *factum*, * * it is wholly immaterial that they do not appear in the will itself," or, of course, that they do not concern the subject-matter of the will. He elsewhere applies the rule to monomania, though its terms do not necessarily include more than general insanity.¹

This judgment was not received with satisfaction in England,² and, as has been already stated, has not been adopted here. Its reasoning seems to be erroneous in at least two respects. (1.) The whole argument rests upon the assumption that the *seat* of mental disorder is the mind itself—that the *mind* is the *thing diseased*.³ But, in truth, the actual *seat* of the disease is absolutely unknown. Three theories prevail upon the subject among physicians: the Psychological theory, maintained by those who make the immaterial essence of the mind the seat of insanity; the Somatic theory, adopted by the Phrenologists, who locate the disease in the brain; and the intermediate theory, derived from Aristotle, and which is a compromise between the other two.⁴ None of these theories are established, and, from the nature of the case, none ever can be. The rule of *Waring vs. Waring*, therefore, is founded upon a fact which is assumed, but not proved, viz. :

1 The doctrine of *Waring vs. Waring* has usually been considered *at variance* with that propounded by Sir JOHN NICHOLL in *Dew vs. Clark*, and is so stated in most, if not all of the writers on medical jurisprudence. The rule laid down by Lord BROUGHAM, however, is not so much a *variation* from that of *Dew vs. Clark*, as an extension of the latter. See Sir JOHN NICHOLL'S remarks in the beginning of his opinion in *Dew vs. Clark*, and the quotations from that opinion in *Waring vs. Waring*.

2 See the remarks in 12 Lond. Jur. 513, (Part II.)

3 Whart. & Still. Med. Jur. § 79, *et seq.*

4 Sir William Hamilton's *Metaphysics*, 272-273.

that "the essence which we call mind" is the seat of insanity. (2.) But, even if this could be established, the next step in the argument is also conjectural. Granting that, in insanity, the mind is the seat of the disease, and that, being indivisible, it cannot, in such a case, with strict metaphysical accuracy, be said to be sound in any part, it does not follow that a diseased mind may not perform most of its functions as well as a healthy mind. Certainly the contrary cannot be asserted, in view of the imperfect knowledge we possess of the manner in which the mind acts, and with the impossibility which exists of forming even a conception upon the subject; nor can the contrary be presumed without violating the legal presumption in favor of sanity.

To draw an analogy, which is not perfect, but which is suggestive, the eye, although indivisibility cannot strictly be predicated of anything material, may be called indivisible when considered as a single organ. A slight change in the convexity of the pupil of that organ makes it a diseased eye, and it cannot perform its legitimate function of producing the sensation of sight in regard to distant objects. Yet, the same organ, acting through the same diseased part, performs another function—that of producing the sensation of sight in regard to objects near by—as well as an eye entirely sound. It is possible to conceive that the mind may act in the same manner. But, however this may be, no rule of law should be based upon conjecture. All that is known of mental unsoundness is of its effects. Among these effects, it is a well established fact that a person may be able to talk and act rationally in regard to most subjects, while the same person is unable to talk and act rationally in regard to one or two subjects, and this fact is all that the law can take cognizance of. It is perhaps sufficient to condemn the rule under discussion, that, if carried out, according to its terms, it would render Dr. Johnson, Pascal, and Napoleon incompetent to make a will, for all of these were subject to continuous insane delusions on one or more particular subjects.¹

¹ Whart. & Still. §§ 22-32. Pascal constantly imagined that he was near the edge of a dangerous precipice.

Partial moral insanity, in the same manner as general moral insanity, is not of itself sufficient to render a will invalid, if without cognate mental delusions.

There is a difference, it will be observed, between the legal and medical theory of active insanity, in regard to the criterion of delusion. Delusion is essential to the legal idea of mania, but physicians do not attach the same importance to this feature of the disease. Insanity may doubtless exist without discoverable delusion, but it is difficult to conceive how the former could be judicially established so as to invalidate a will unless delusion of some sort was proved. The point, however, has never come up for direct adjudication,¹ where testamentary capacity was the question at issue.

III. PASSIVE INSANITY.

Under this head is included, first, *Idiocy*, or a total absence of intelligence owing to congenital defect. It is sufficient simply to mention this condition of mental unsoundness, as its existence is so easily established that few debatable questions can arise in regard to it.

Secondly, *Imbecility*. This is defined by physicians to be an "abnormal deficiency" of the intellectual or moral faculties, arising after birth. It admits of degrees, and has been classified by at least one writer.²

Great confusion has existed in regard to the legal consequences of this form of mental unsoundness, and few legal questions have been the subject of more discussion than those arising upon the testamentary capacity of imbeciles. A brief historical summary of the course of adjudication upon this point may serve to dissipate much of the confusion in which it has been involved, for, as a late writer well remarks, "the

¹ It is scarcely necessary to mention the subject of drunkenness and active insanity produced thereby, as the general rules above stated apply to all cases of mania without reference to the exciting cause. The subject of lucid intervals is a distinct branch of the general topic which the limits of the present essay do not allow the writer to enter upon.

² Ray's Med. Jur. of Insan. 71.

³ Hoffbauer. Ray's Insan. *ubi sup.*

reason for most of our rules of law is to be sought, not in their philosophy, but in their history."¹

I. History of the English doctrine concerning imbecility before the Statute of Wills.²

a. Rule in the Ecclesiastical Courts. The Ecclesiastical Courts exercised jurisdiction over wills of personal estate from their foundation.³ The rules which controlled their decisions, in matters which came within their jurisdiction, were obtained from the civil law and the canon law.⁴

1. The rule of the Civil Law, in regard to the degree of mental unsoundness which would invalidate a will, was expressed in general terms, and would include imbecility not amounting to idiocy. The words of the Digest are: *In eo qui testatur, ejus temporis quo testamentum facit, integritas mentis non corporis sanitas exigenda est*,⁵ and *furiosi* are the only persons disabled on this account in the Institutes.⁶ Indeed much more rational ideas regarding mental alienation prevailed among the Romans than were entertained during the succeeding period of the Middle Ages, and these ideas naturally left their imprint upon their laws.⁷

¹ Maine's Ancient Law. (London, 1861.)

² 32 Hen. VIII. Explained 34 & 35 Hen. VIII.

³ 1 Reeve's Hist. of Eng. Law, 72.

⁴ *Harwood vs. Goodright*, Cowper 90. *Cartright vs. Cartright*, 1 Phillim. 99.

⁵ Dig. Lib. xxviii. tit. 1, § 2. The words are taken from the writings of Labeo. Also *id.* § 17. *In aversa corporis valetudine mente captus eo tempore testamentum facere non potest*, fr. Paulus Lib. III. Sententiarum, "*mente captus*," incorrectly translated "idiot" by Colquhoun. Civil Law, vol. ii. p. 224. Cf. Leverett's Lex, *in verb Capió*. "*Cic. captus mente*, out of one's wits; mad. So Tacit. *captus animi*, crackbrained. Liv. *mens capta*, crazed."

⁶ *Item furiosi quia mente carent*. Inst. Lib. ii. tit. xii. § 1, in an enumeration of those who cannot make a will. The citations in the text and in the note comprise, it is believed, the only passages in the Corpus Juris Civilis in which the degree of mental alienation sufficient to avoid a will is directly stated.

⁷ Morel. *Traité des Maladies Mentales*, Liv. Pr. Ch. 1, 2 and 3. The superiority of the ancient theories of mental disease will readily appear by a comparison of the writings of Hippocrates, Galen, Aretæus, Seranus, Cælius Aurelianus, or even of Aristotle and the other philosophers, with so modern a book as Burton's *Anatomy of Melancholy*, or with the works of the French physicians preceding Pinel and Esquirol.

2. The canons¹ which affected England contain no provisions upon the subject of testamentary capacity, and the rules of the civil law were, therefore, the sole guides of the ecclesiastical decisions.²

Questions of testamentary capacity were thus decided in the English Courts of Probate for many centuries, in conformity to rules which did not fix a definite limit to the degree of mental infirmity in the testator which would render his will invalid. These Courts, too, were tribunals where the strict rules of practice and pleading which belonged to the Common Law Courts were unknown, and where much was left to the discretion of the Judge. Each case of disputed capacity was decided in a manner arbitrarily, and by a consideration of its peculiar circumstances.³

b. Rule in the law Courts during the same period. Mental unsoundness was, meantime, the subject of judicial investigation in the law Courts, although not in relation to testamentary capacity.

The former question came before these tribunals in cases of contracts, various writs of inquest, and in the construction of several statutes, as well as in criminal cases⁴. The decisions upon these different cases turned in some instances upon the validity of a return to an inquest, which return was traversable

¹ These are collected and translated in Johnson's Church Law and Canons. 2 vols.

² Lynwode in his Digest of the Ecclesiastical Laws, has a note which shows that the number of those disabled from making a will of personalty was quite large, and that less than a total deprivation of reason was a ground for the disability: he says: "*Sunt multi alii qui testamentum facere non possunt, utque furiosis, item carentes quibusdam sensibus, item qui propter morbi acerbitem non possunt articulate loqui nec scribere,*" etc. After a further enumeration he cites Cardi. Lib. vi. "*Qui ibi recitat plures personas quibus non licet testari.*" Provinciale Lib. iii. fo. xcii., note a. (orig. ed. 1422.)

³ Swinburne's enumeration of those incapable from defective intelligence of making a valid will, includes not only the *non compotes* of the Common Law, but others not included in Lord Coke's definition of the former, (1 Co. Inst. 246.) Swinb. Wills, part 2, § iii. *et seq.*

⁴ E. 9. Stat De Prerog. Regis. 17 Edw. II. Ch. 9 & 10. Stat. of Fines, 18 Edw. I. Stat. 23 Eliz. Ch. 3, sec. 3. Stat. of Lim. 21 Jac. I. Ch. 16, § 2-7. Stat. 4 & 5 Anne, Ch. 3, 16, § 18. Disability as to contracts; Bracton 5, 4, *id.* 20, fo. 420. Feoffments, *id.* 5.

as a matter of right,¹ and in others upon questions of pleading, in which it became necessary to assign a definite meaning to the terms used to express mental unsoundness.² In the writs of inquest *de idiota inquirendo*, *de lunatico inquirendo*, and others, the prerogative right of the crown to the property of the alleged lunatic, or to the control of that property, was at issue, and the object was to confine that prerogative to narrow limits.³

The result was that, at the time of the Statute of Wills, the various terms expressing mental unsoundness had, from the decisions above referred to, come to have a common *legal definition* in the law and equity courts, importing "a total deprivation of understanding."⁴ There was, therefore, a theoretical difference at this time between the standards of mental unsoundness in the Common Law and in the Ecclesiastical Courts. It is, however, of course to be remembered that, owing to the imperfect knowledge of insanity then possessed, which was recognized only in its most evident forms, there could have been no great, although there was probably occasional, difference in the application of these standards to the actual cases, as they arose.⁵

II. English doctrine from the Statute of Wills to the present time.

The common law courts now took cognizance for the first time of questions of mental unsoundness as affecting testamentary capacity. In passing upon this question, however, although "*non sane memorie*"⁶ the disabling words of the statute had acquired a legal meaning, they did not apply the same stringent rules which prevailed in the other cases in which mental unsoundness was involved. In the earliest reported case after the passage of the statute, where the

¹ Matter of Mason, 1 Barb. 436, 1 J. Ch. 60.

² Year Book, 39 Hen. VI. 42 B.

³ Barnsley's Case, 3 Atk. 168. 1 Blk. Com. 302. 1 Ridg. Cas. Par. Lord Ely's Case, App.

⁴ Coke, 1 Inst. 246, § 405 of Lit. 1 Ridg. Cas. Par. 533.

⁵ Shelford on Lunacy, 307, 308, (side pag.,) note (v.)

⁶ 34 and 35 Hen. VIII.

question was involved, it was said: "By law it is not sufficient that the testator be of memory when he makes his will to answer familiar and usual questions, but he ought to have a *disposing* memory, so that he is able to make a disposition of his lands with understanding and reason; and that in such a memory which the law calls sane and perfect memory."¹ Substantially the same rule is laid down in the next reported case.² This liberal construction of the Statute of Wills may reasonably be attributed to the influence of the Ecclesiastical Courts, which influence would naturally be felt in regard to a subject over which they had so long exercised jurisdiction.³

In the course of time a relaxation of the ancient rule regarding the degree of insanity which would uphold a writ *de lunatico* also took place,⁴ and "unsoundness of mind" came to be recognized as a term expressing a condition of mental alienation which had not hitherto been a ground of legal incapacity, and which, as defined by Lord Eldon,⁵ would include most of the cases coming under the medical definition of imbecility. The introduction of the term "unsoundness of mind," in its extended sense, into the law did away with even the theoretical difference which existed between the rules of the Ecclesiastical and of the Law Courts upon the subject of mental incapacity. That difference had long been one of expression merely, and thenceforth the same standard in all cases was recognized in both tribunals. This standard suffered some modification to make it keep pace with the advance in medico-legal science during the present century.

¹ Winchester's Case, 6 Co., 23 a.

² Combe's Case, Moore R. 759.

³ Though neither the Courts of Common Law nor the Court of Chancery owed any positive obligation to follow the Ecclesiastical tribunals, they could not escape the potent influence of a system of settled rules in the course of application by their side. Maine's Anc. Law, 173.

⁴ *Gibson vs. Jeyes*, 6 Ves. 273. *Ridgeway vs. Darwin*, 8 Ves. 65, (1802,) per Lord Eldon; *ex part. Cranmer*, 12 Ves. 445, (1806,) per Lord Erskine. Shelford on Lunacy 5, (side p.)

⁵ "Such a state of mind as to be contradistinguished from idiocy, and also from lunacy, and yet such as made one a proper object of a commission in the nature of a commission to inquire of idiocy or lunacy." Dean's Med. Jur. 471.

The rule of testamentary capacity, as now received in England, may be gathered from the following statements taken from a recent case in the Court of Probate,¹ in which Sir C. Cresswell "directed the jury that the deceased would not be incapable of making a will if he was able to understand the nature of the property he was disposing of, to bear in mind his relatives and the persons connected with him, and to make an election as to the parties he wished to benefit. It was not enough on the one hand that he should be able to say "yes" or "no" to a simple question; nor, on the other hand, was it necessary that he should be a well-informed man or a scholar. He might be stupid, dull, or ignorant, but if he understood the nature of his property and could select the objects of his bounty, that would be sufficient."

The substance of the historical facts above narrated is this: The words "non sane memory" of the Statute of Wills had been used in law with other expressions, to designate a state of mind not distinguishable from idiocy; in construing the Statute of Wills, however, the Law Courts did not confine the language employed to its technical meaning, although that meaning was still strictly adhered to in other cases,² but adopted a standard of testamentary capacity not different from that of the Ecclesiastical Courts. The latter Courts followed the rule of the civil law, and had no technical standard of testamentary capacity. In the course of time the technical meaning disappeared even in the Law Courts, and a uniform standard of mental incapacity was established and has since been maintained.

These facts, which have been hitherto unnoticed, serve to explain the apparent discrepancy between some of the early English decisions upon mental unsoundness, besides discovering the sources of some errors regarding the English doctrines upon that subject.

¹ *Skipper vs. Bodkin*, (Dec. 8, 1860,) reported in Wins. Psyc. Jour. for 1860. See also *Greenwood vs. Greenwood*, 3 Curteis, App. 2, and *Marsh vs. Tyrrell*, 2 Flagg 122.

² *Ridgeway's Cas. Par. ubi sup.*

III. Decisions in New York bearing upon the question of imbecility as affecting testamentary capacity.

The extension of the jurisdiction of Chancery over those not included in the strict legal definition of the term *non compos mentis*, which took place in England during the time of Lord Eldon, was early adopted in this State, and the term "unsoundness of mind" was recognized in the sense in which it was used in the English decisions and statutes, as importing something different from idiocy or lunacy.¹

The first important New York decision involving the question of the testamentary capacity of imbeciles, was that in the well-known case of *Stewart vs. Lispenard*.² This case has been overruled so far as it conflicts with the decision upon the Parish Will, but all of the doctrines there enunciated were not necessarily repudiated.

The error in the reasoning of Senator Verplanck, who delivered the leading opinion in the Lispenard case, seems to have arisen from inattention to the changes above noticed, which had occurred in the English law. His argument is as follows: The right of testamentary disposition is a natural right, and therefore to be restricted no farther than necessity requires; the exception in regard to persons of unsound mind refers to a condition known to the law, and there exactly defined to consist in a "total deprivation of understanding"—equivalent to idiocy, and any degree of mental capacity above that of an idiot is therefore sufficient to sustain a will, if there is no suggestion of fraud or undue influence.³

1. In regard to the natural right of testamentary disposition, this has, doubtless, been a prevailing idea in the courts from an early period. Grotius and the other publicists of the seventeenth century, all authoritatively state that the power to make a will is part of the *jus naturale*,⁴ and the doctrine has been repeated in our own and in English decisions.

¹ Matter of Barker, 2 J. Ch. R. 232; Matter of Wendell, 1 *id.* 100; Matter of Morgan, 7 Paige 236.

² 26 Wend., 254, (1841.)

³ 26 Wend., pp. 298, 306.

⁴ Maine's Anc. Law, 175.

Within late years, however, this proposition has been disputed, and there is now a marked tendency in some directions to accept it only in a modified form.¹

2. Nor are "total deprivation of understanding" and "idiocy" of themselves convertible terms, and it does not follow that they were used as such in law, because an idiot was defined to be "one who hath *wholly* lost his understanding," for others besides idiots may likewise have wholly lost their understanding. To have "wholly lost one's understanding," said Lord Erskine, "does not require such a state that" a person "could not see the light of the sun or know his own father."²

3. It will, moreover, be observed that, in the argument of Senator Verplanck, no account is taken of two facts, viz: *first*, that the legal definition attached to "*non compos mentis*," as that term was defined by Lord Coke,³ did not apply to the Ecclesiastical Courts, and was not insisted upon in the Law Courts, in cases of testamentary capacity; and, *second*, that the term "unsound mind," as used in the New York revised statutes, was one which had acquired a more extensive signification than the ancient legal expressions denoting mental deficiency. The authority for the legal definition of mental unsoundness, insisted upon in the case, is derived mainly from cases where the question of testamentary capacity was not in issue, and the authorities cited to show that this meaning was used in cases where that question was in issue, do not sustain the position.⁴

¹ See New York Laws, 1848, ch. 319, and 1860, ch. 607. Maine's Anc. Law, 176-7.

² 12 Vesey, 445.

³ 1 Inst., 246, b.

⁴ The authorities cited in direct support of his argument, by Senator Verplanck, are as follows:—

I. Coke, 1 Inst. 246 (Defin. of *Non Comp.*); Comyn's Dig. Tit. *Idiot*, A; F. N. B. 233 (Defin. of "Idiot.")

II. *Barnsley's Case*, 3 Atk. 167.

III. *Shelford on Lunacy* 37, and *Id.* 39.

IV. *Swinburn on Wills* 127 and 128.

I. All of these common law before the Statute of Wills, or common law definitions without reference to the Statute.

II. A commission *de lunat.*, and substantially overruled in 6 Ves. 273, 8 Ves. 65, and 12 Ves. 445, before cited.

III. The first citation satisfactorily answered in Mr. O'Connor's argument for the Contestants of the Parish Will, p. 236. The second citation loses its intended force when read in connection with Chap. I. of the same work, pp. 5 and 6.

IV. The same is true of this citation. Cf. *Swin.* Part II., § 4 *et seq.*

The final uniformity of the rules which prevailed in the Courts having cognizance of wills of personalty, and those having cognizance of wills of real estate, and the substantial uniformity in the *application* of different rules, while the rules of the two Courts were different, was the probable cause of the erroneous view that there had never been any dissimilarity in the legal and ecclesiastical standards of testamentary capacity,¹ and that the New York Statute of Wills should therefore be construed in accordance with the old legal definition of *non compos mentis*.

The foregoing statements, however, in regard to the rule of the English courts since the time of Lord Eldon, must not be received without also keeping in view the fact that the actual standard of testamentary capacity, until a comparatively modern period of the law, conformed to the imperfect theories entertained upon the subject of mental disorders.

What was understood in the old law as madness or lunacy was easily established. The abnormal condition of the mind was recognized only when marked by unmistakeable exhibitions of violence or delusion. It was scarcely attempted, however, to draw the distinction between dementia, or passive insanity, in its different degrees, and mere weakness of intellect, while the former was not known to possess any positive symptoms by which to distinguish it from the latter. Seeking to establish a rule, however, which should have some certainty, the courts held that whenever a person possessed *any* understanding he was not *non compos*, but they did not and could not give any² criteria by which the presence or absence of understanding could be established. The rule was not precise, because it did not define "understanding." In one sense the capacity to answer "yes" and "no" intelligently implies a certain modicum of understanding; *i. e.*, the pos-

¹ The change in the time of Lord Eldon is *noticed*, but its effect misstated, 26 Wend. 300.

² It is scarcely necessary to notice the antiquated tests of the old abridgments. Even Swinburne, writing in 1590, ridicules them, *e. g.* "*Quid? estne statim fatuus quisquis non potest demonstrare patrem? Absit—nam, ut concedam, filium illum merito sagacem dici, suum qui novit patrem.*" Swin. Will. 48, a Note c.

session of an intelligence, however small, differing in *kind* from that possessed by brute animals, and which is therefore denominated understanding, and it is in this sense that the word is taken in the *Lispenard* case. Whether or not the rule was ever employed in such an extremely restricted sense, however, a different rule has long since been adopted in the English courts, and is now the prevailing, if not the settled, doctrine in this country. The distinction between the two rules consists simply in this: By the *Lispenard* doctrine it is maintained that any person endowed with the minutest amount of *human* intelligence has the legal capacity to make a will. The later view is, that testamentary capacity lies somewhere in that doubtful ground where mere weakness ends and idiocy begins. A "sound and disposing mind and memory" are required. This must refer to a positive thing; there must be *some* mind, or it is absurd to speak of a *disposing* mind. The adjective can not qualify a nullity.

The *Lispenard* case was followed in New York, though not without protest, in *Blanchard vs. Nestle*, 3 Den. 37; *Osterhaut vs. Shoemaker*, Id. in note; *Newhouse vs. Godwin*, 17 Barb. 246; *Clark vs. Sawyer*, 2 Coms. 498; and in *Thompson vs. Thompson*, 21 Barb. 116; in which case Judge Clerke delivered a dissenting opinion, upon the ground already noticed, that "unsoundness of mind" had been admitted as a legal term in a different sense from that in which it had been formerly employed.

The whole question of testamentary incapacity arising from imbecility received a thorough and exhaustive discussion in the case of the Parish Will. The facts of this case are too recent to need recapitulation. The counsel for the proponents pursued the same line of argument as that previously taken by Senator Verplanck, and fortified the conclusion by the citation of various additional authorities.¹ These authorities

¹ The substance of these authorities is as follows:—

I. 39 Hen. 6; 43 B. (Year Book.)

I. A common law question of pleading.

II. *Beverly's Case* (4 Co. 126 b.) cited to prove that the prerogative of the Crown which related to *non comp*, who were not

II. This is contrary to 3 Atk. 168, 1 Black. Com. 302, 1 Ridg. Cas.—*Lord Ely's Case*—before cited, Cf. also Lord Hardwicke's

were, however, as in the former instance, either taken from cases arising upon questions of pleading or writs *de lunatico*, in the law or equity courts, or, where they were taken from decisions upon questions of testamentary capacity, they present a different bearing when viewed in the light of the historical facts already adverted to. Judge Davies, delivering the opinion of the court in the case, derives the principle of law relative to the rule of mental unsoundness from the later authorities, and finally adopts very nearly the language of Judge Redfield in the case of *Converse vs. Converse*,¹ and holds that the testator must "have sufficient *active memory* to collect in his mind, *without prompting*, the particulars or elements of the business to be transacted, and to *hold them in his mind* a sufficient length of time to perceive at least their obvious relation to each other, and be able to form some *rational judgment* in relation to them. A testator who has sufficient mental power to do these things is, within the meaning and intent of the Statute of Wills, a person of sound

idiots, as it only took away the custody and not the absolute ownership of the property of the *non comp.* was not odious nor strictly construed.

III. *Rochfort vs. Lord Ely*, 1 Ridg. Cas. 532.

IV. 3 Wash. C. C. R. 587, S. P. 9 Ves. 610, and 2 Dav. Parl. Cas. 283, cited to prove "that a man's capacity may be perfect to dispose of his property by will, and yet very inadequate to the management of other business; as, for instance, to make contracts for the purchase and sale of property."

remarks, quoted 1 Ridg. Cas. App. 6. "*God forbid* that a weakness of mind only should be a sufficient reason for granting the custody of the person and estate."

III. Decided in 1767, before the meaning of the term "unsound mind" had been extended, and arose upon a commission of lunacy, involving the Crown right to the custody of the estate. In the same case (charge of George Smith, Esq., p. 517,) the strict rule is seemingly confined to "*inquiries of this sort*." [Italics original.]

IV. If the Lisenard doctrine were true, there could not be one standard of capacity for wills and another for contracts. "Unsoundness of mind" is the ground of the incapacity in both cases; and if that term, as is claimed, has an exact definition, it must apply equally to both. Indeed the words of the Statute of Fines (18 Edw. 1) disabling a person of "non sane memory" from making a "purchase and sale of property" in that form, are the very words upon which Lord Coke is commenting when he gives the definition of *non compos*, upon which the Lisenard doctrine rests.

¹ 21 Verm. 163.

mind and memory, and is competent to dispose of his estate.”¹

Although the rule as above expressed may be obnoxious in some respects to criticism, this arises from the difficulty, or rather impossibility, of framing any rule at all upon a subject which does not admit of exact definitions, and a great part of which lies beyond the reach of human investigation. The importance of the decision consists in the fact that it takes a judicial view of imbecility, which more nearly accords with the established medical doctrines concerning that condition of mental deficiency. Psychologists have settled that there are degrees of imbecility, although they may not have agreed upon a classification of those degrees, and the rule of law, in conformity to this fact, now is, that testamentary capacity depends not merely upon the presence of a condition of mind one remove from idiocy, but upon the *degree of imbecility* of the testator. The rule, however, as stated, does not directly assert that *all* of those whom physicians class under the head of imbeciles are rendered incapable of making a valid will.²

IV. The foregoing imperfect summary of the present legal doctrines upon the question of mental unsoundness in relation to testamentary capacity, and comparison of the rules of the Courts with the statements of medical writers, show that the former, in almost every case, harmonize with the latter as nearly as can be expected, and as nearly, perhaps, as is possible, in view of the widely different functions of the judge and the physician. It is a frequent subject of complaint among the latter class that the law does not keep pace with advancing medical science. But, from the necessity of the case, great caution must be observed in admitting a medical discovery to modify a rule of law. It would be as unwise to recognize a psychological fact not clearly established, as to ignore such a fact when settled beyond dispute. The rules of law, framed to secure justice to the citizen, must be expressed

¹ Judge Davies's Opinion, p. 14.

² The word *imbecility*, as a medical term, differs somewhat in signification from its popular meaning. In the latter sense it means *any* weakness of mind below the ordinary mental capacity of mankind, (Web. Dict. *in verb*;) in the former it refers to an *abnormal* weakness of intellect. (Ray's Med. Jur. of Insan 77.)

in certain terms and be universal in their application, and can not always strictly coincide with the facts of medical experience.

Considered from any point of view, however, the history of the legal doctrines upon the subject under discussion affords an instance of the living principle animating our law, by which, in its gradual development, it conforms itself to progress of knowledge and the wants and necessities of each successive age.

INSANITY FOLLOWING EXPOSURE TO FUMES OF MERCURY.

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G. McL., male, aged 24, a blacksmith, was admitted to Brigham Hall October 6th, 1862. The professional history of this case, and the result attained, seem of sufficient importance for a brief record in a public journal.

About three months previous to his admission, this patient returned from California. During two years of his residence preceding his departure, he had been engaged in the occupation called by the miners, "retorting gold," or separating gold from its amalgam. The process consists in placing the amalgam in an iron retort, which is exposed to a high temperature, sufficient to drive off the mercury in the form of vapor, which is caught and condensed in an adjoining vessel. This man was exposed to the fumes of mercury, which arise in this operation, for one day every week, or two weeks, for a period of two years.

He early began to experience frontal headache, which usually appeared towards the close of the day's work, and passed away in the course of a day or two. The failure of the general health was indicated by loss of appetite and lassitude. The countenance assumed a cachectic and bronzed appearance, and there were two or three attacks of ptyalism.

His mental condition attracted the attention of some friends, by whose advice he returned alone to his home in New York, in June, 1862, and shortly came under the care of Dr. Foster, of Clifton Springs. His manner, while there, was said to have been silent; his head was inclined, and he replied to questions in monosyllables. He showed such an inclination to wander away and elude his attendant, that it was deemed proper to place him for treatment at an establishment where he could also receive more careful surveillance.

When he came under our observation he had the appearance of a person in a condition of complete dementia. The head and shoulders were inclined forward. The hands were resting upon the knees, which were not crossed. The muscular system seemed to be generally relaxed. The countenance was pale. The pupils were largely dilated. The gait was unsteady. The habit of the patient was to sit in one position for several hours, until aroused by the attendant. When addressed, the head was suddenly thrown up with an appearance of bewilderment and surprise. He appeared as if aroused from a state of reverie. The condition of the mental functions was analagous to that of catalepsy. The power of intellection seemed to be impaired. There appeared to be a suspension of the operations of the mind, rather than an impairment of them. When the attention was fully aroused and maintained, memory could hardly be considered to be weakened, for some connected history could be obtained, with some difficulty and patience. The habits were neat and he dressed himself properly. The circulation was sluggish; extremities were cool, and the pulse slow and weak. There was no perceptible muscular paralysis.

It was conjectured that the mental disease in this case might arise from the exposure incident to this man's occupation. The treatment was directed in accordance with this view. He was placed upon the use of iod. potass., in doses of five grains three times daily, as has been suggested in poisoning from lead and mercury; tonics and ale were also administered. In the course of two weeks ptyalism com-

menced and continued for a month or more. This treatment was continued for five months.

For a period of three months there was little change. Within a month, however, of admission, patient wrote two letters which were remarkable for their coherence and intelligence, and seeming incompatibility with his general symptoms. About the fifth month an alteration of manner was perceptible. He walked the hall voluntarily, and watched the doors of exit with a view to escape. Being allowed more liberty, he found his way to the railroad station, where he took a seat in his characteristic position, allowing several trains to pass without further effort to escape. From the condition already described, he became talkative, the prevailing desire being to go home. The emotions were those of depression, melancholy, and sadness. This state gave way to cheerfulness, and nutrition became active. He was discharged October 15th, 1863, at his own request. We considered him sufficiently restored to be discharged.

This case, the first of the kind that has fallen under our observation, is probably the type of a class of cases that is not unfrequently found among quicksilver mines, and in the State Asylum of California. It is a well-known fact that workmen in quicksilver are subject to headache, pains in the bones and muscles, ptyalism, cachexia with bronzed complexion, and that they must abandon their occupation after a brief employment. The fact that the use of iod. potass., as recommended by Melsens, in lead and mercurial poisoning, was followed by ptyalism in this case, would seem to go far to establish the fact that the mental disease had its origin in the nature of this man's occupation.

The mental condition was peculiar, approaching that of catalepsy, with the difference, that the muscular rigidity was absent, and the mind was not so much weakened as its operations were suspended. It acted correctly when the attention was aroused.

The pathology of these cases is involved in obscurity. The impression seems to be made upon the nervous system, involving, principally, the reflex nerves. How the metallic

substance acts within the cranium to avert the origin, or propagation of nerve force, is a matter of conjecture, but the process of cell formation is in some manner disturbed.

A question of practical importance with all workers in mercury, lead, arsenic, and phosphorous, is, to devise some means to escape their injurious influences. It has been suggested to us, as a means to this end, the construction of buildings with lofty ceilings and proper outlets, and the introduction of a bountiful supply of air, by means of a fan which would force upward and outward the noxious fumes.

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MENTAL HYGIENE. By I. RAY, M. D. Boston: Ticknor & Fields. 1863.

A notice of the publication of this book, soon followed by the receipt of a copy from the author, gave us much pleasure. The high authority of Dr. Ray upon the medical relations of mind, together with his eminent ability as a writer, have for many years led his friends to desire a popular treatise on this subject from his pen, and the present work had been long promised them. Although not offered as a systematic treatise, it is really quite as formal as was necessary to its purpose, and is as thorough and complete as could be desired. The important facts and laws of mental hygiene, and the practical suggestions drawn from them, are presented in that clear and attractive style which marks all the author's writings. In spite of what we must refer to as a great and fundamental error in its theory, and one that is certain seriously to hinder its favorable reception by the public, the work can not but have a good degree of success.

To one unacquainted with the history of philosophy, it must seem not a little strange that the study of the human

mind in its relations with the brain and organic life, is cultivated only by a suspected few, and is quietly neglected or openly denounced by all others. Yet, so far as we know, it is not denied that, apart from its speculative bearings, the study of mind in the light of natural laws has yielded, and promises still to yield, the most important and beneficial results. It has greatly aided in the overthrow of the most servile dogmas and the basest superstitions, while its positive teachings all tend directly to enforce the highest moral truths. What, then, is the reason that this branch of science has been so little popular, and has so failed in its practical application!

We believe that no explanation of the prejudice against cerebro-mental science can be found in its doctrines as now maintained, or the spirit in which they are generally advocated. The leading men of its most extreme school, as H. Spencer, Bain, and Morell, while they seek in the mental phenomena only the laws of their evolution, co-existence and succession, do not pretend, as Dr. Ray does, that their method is the only true one, and that the data of consciousness are unworthy of either speculative or practical use. Even Buckle admitted that the laws of intelligence must be sought in the laws of mind and nature. But we are anticipating. It is to a recent period of history that we must look for the origin and fatal effects of the indefensible doctrines taught by Dr. Ray.

In the great revival of letters and thought which marked the seventeenth century, it was seen that the foundation and methods of philosophical inquiry were radically defective. An attempt to construct them anew was made, from the side of physical science on the one hand, and from the data of metaphysics on the other. From each of these movements a flood of light was shed upon the two great practical concerns of man, government and religion. The first effect was destructive. Demolition had from necessity, perhaps, to precede construction. To this the dogmas, the superstitions and the vested interests of twenty centuries opposed themselves with desperate energy. The results of the terrible struggle which followed, in revolutionary and religious wars, are themes of

the saddest pages of history. The success of these new modes of inquiry carried their pretensions to an unlimited extent. Each claimed exclusive right to the whole sphere of human knowledge, in which was included the ultimate problems of philosophy. Thus speculative thought finally culminated in pantheism, while atheism was the result reached by the partisans of physical science.

Such were the opposite, but equally fatal, conclusions arrived at in the last century; during the latter half of which, and the first years of the present, the difference between the Idealists and the Sensationalists was as wide and radical as possible. According to the former, pure reason is alone competent to explain all mysteries, and mind is the only real and all-containing existence. The outer world is one of illusion; all material things are spectral and unreal. The opposing school held, on the contrary, that matter is the only real existence, and mind merely its most sublimated form, governed by the same eternal and immutable laws. This material philosophy as applied to the subject of mind took the name of phrenology, whose primary doctrine was that the mental phenomena have their sole origin in the cerebral substance, upon the quantity and quality of which their character wholly depends. Each faculty of the metaphysicians, and many new ones representing the animal instincts, was thought to have a separate place in the brain, and to be capable of acting independently of the others. Thus the moral and intellectual qualities of man were made simply the result of the combined action of these organs, according to fixed laws. The doctrines of free-will and moral responsibility were left entirely baseless, and all terms implying moral distinctions, as good and evil, justice and injustice, conscience, crime, became void of meaning. It followed, also, that the consciousness of an independent existence, the hope of a personal immortality, and the being of a personal deity must be fictitious, or at least incapable of proof.

These fatal teachings were promptly attacked by nearly all the friends of morality and religion. The contest soon assumed upon both sides the worst features of party strife,

and became fierce and vindictive to the degree that only religious controversies can attain. Unfortunately, the theological and moral systems of the time were based upon theories quite as easily shown to be one-sided and indefensible as those of the phrenologists. Wielding such feeble and imperfect weapons, the defenders of moral ideas were sorely pressed at all points, nor was the result decided in their favor until a new philosophy and a rational theology had supplied them with improved means of resistance. In this long and hard-fought battle was generated that deep distrust of the application of the methods of natural science to the study of mind, which has come down to this day.

But, as we have before intimated, for this irreconcilable difference between scientific and speculative thought, there is no longer any excuse. The lesson of the present age, both of philosophy and positive science, is one of humility and confession. The search after ultimate causes, to which heretofore the loftiest intellects have been mainly devoted, has, either tacitly or avowedly, been given up. Its objects are declared to be beyond the grasp of the human faculties. All the knowledge possible to man is relative or phenomenal, and the end of philosophy is only to prove that philosophy, in its ancient meaning, is impossible. The study of the mental phenomena from the data of consciousness without reference to their origin, is now all that remains to metaphysics. But it is not only speculative thought that has abated its lofty pretensions, and recognized its narrow limits. This could not indeed be thought strange, after its labor of so many centuries without having advanced a single step towards its object. Scientific inquiry, also, whose contributions to human knowledge since the recent date when its methods were first formally applied have been so numerous and important, has already ceased to devote itself to the problems of philosophy. Its psychology, though studied from a physical instead of a mental stand-point, is still only a study of mind in its growth and development, and its analogies with life in general. It no longer declares the practicability of founding a moral science solely on natural laws, or denounces the

study of subjective states for that purpose. Both methods, although the results of each seem to exclude the other, are admitted to be legitimate within their proper sphere. On the one hand, man is conscious of a power within himself independent of natural laws, and superior to them. In this consciousness arises the sense of freedom of choice, and of moral responsibility. On the other hand, every material thing, down to the primary cell of his own organism, he sees under the control of law, excluding equally chance and will. Our consciousness then, and our perception of natural laws lead to directly opposite conclusions. But we are as unable to discredit either of these sources of knowledge as we are to reconcile their testimony; and it only remains for us to refer this seeming contradiction to our limited powers of apprehension, and decide that both are alike worthy of confidence. There can be no other conclusion, for it is just as easy to prove logically that matter can not exist apart from mind, as that mind is impossible except as a product of matter. We know nothing of either of these in their real existence, and nothing of the phenomena of either except through the other. This proves the absurdity of that speculation which refuses to pause within the narrow limits that bound the sphere of human thought.

To such views of the relations of mind and nature as these, we regret to find that Dr. Ray has preferred the theories of a purely material philosophy on which to base his treatise. His doctrine is, that the mental phenomena have only one origin, the physical organization; whence it follows there can be but one mode of treating them, which is from the side of natural laws. This is simply the doctrine of the old phrenologists, and is, we think, fairly exploded and obsolete. Certainly it is not capable of positive proof, and only of the merest speculative belief. But even if it be satisfactory in a theoretical point of view, we must see at once the impossibility of its practical application. This is shown at the very beginning of Dr. Ray's book, where he seeks to avoid the direct statement of a distrusted theory, and at the same time to disguise its practical absurdity. "In using the term *mind*," says Dr.

Ray, "I shall employ it as a generic expression of the mental phenomena, without reference to their origin or nature." Now it is so difficult even to think of the mental phenomena, as of any class of phenomena, without referring them to some cause or origin, that we can not conceive how the plan of treating of them thus apart in a popular essay could be for a moment seriously entertained. Not only must some origin of the mental manifestations be referred to by Dr. Ray, but if that be the material one a second must also be implied. For if the independent, personal *ego* of his reader be a fiction, and if indeed it be not able to control and change natural processes, then the assurance of Dr. Ray, that "we can so manage our minds as either to improve or impair them," is false, and to try to learn how to do so is useless. In fact, the limitation of the meaning of "mind" is departed from, and its double origin recognized, in almost the next paragraphs. Thus, he says of the brain: "Being the instrument of the mind, its condition must necessarily affect the mental manifestations." Of course, the brain can not be conceived as the instrument of the mental manifestations, but as something which uses this instrument to produce them; i. e., the true mind, the unknown essence in which, conjointly with the brain, the mental phenomena have their source. Again, in defining the phrase mental hygiene, as "the art of preserving the health of the mind against all the incidents and influences calculated to deteriorate its qualities, impair its energies, or derange its movements," the same distinction is made between mind and the phenomena which inhere in it.

It is in the first chapter of the book that its exclusive and fatal theories are made most prominent. This chapter is on "Cerebral Conditions," by which title itself the extreme doctrines of phrenology are virtually adopted. The chapter treats of the laws of heredity, of crime as due to defective cerebral endowment, and of moral and impulsive insanity. Certainly from what we know—or perhaps from what we do not know—of these subjects, they must be termed cerebro-mental conditions. Here is a specimen, however, of the manner in which Dr. Ray, while using common terms, inti-

mates a higher knowledge, disguised as the unity of the individual man.

“Is the *development* of the mind a result exclusively spiritual, or exclusively cerebral? When a person has grown wiser and better with ripening age, has the change been effected by increasing the delicacy of the organism, or by developing the faculties independently of any such processes? When the mental traits of the offspring resemble the parent's, is it the physical or the spiritual element that has been transmitted? We know too little of the connection between mind and body to answer these questions very definitely. Each supposition is burdened with difficulties that indicate some radical defect in the common philosophy on this subject. It may be doubted if it is quite correct to consider the individual as composed of two things essentially distinct both in origin and nature, instead of regarding him as a being endowed with various powers which, though serving each a special purpose, form an harmonious whole—a single, individual man.”

To the questions here asked, not only can we not reply definitely; we have no answer at all to give. Of the mode of connection between mind and body, or whether the spiritual or mental element (Dr. Ray is so good as to humor our notion that there is a spiritual element) is transmitted by generation, we know, and can know, absolutely nothing. There is not only “some radical defect in the common philosophy on this subject,” but no philosophy is possible in regard to it.

Our readers will, we are sure, pardon us for having devoted so much space to the theories merely of this book. Upon their truth or falsity depend not only the science of mental medicine, actual and possible, but every established doctrine in law and morals. We have not forgotten that it was the office of Dr. Ray to present the mental phenomena in their relations to physiological laws. Yet it was not necessary or, we think, proper for him to substantially deny them any other relations, or to teach, directly, or indirectly, a philosophy of fatalism. That he has done this, the following paragraphs, written in justification of his doctrines, are alone sufficient to show.

“It may possibly be feared by those worthy people who find themselves beyond their depth the moment they leave the shore of time-honored opinions, that, in attributing so much as we have thus far to merely organic conditions—in making the mental so dependent on the physical—we thereby weaken the foundation of all moral distinction. As this apprehension may cause some distrust of the soundness of our principles, and so far impair the force of their hygienic application, it may be well to show how little support the popular views on this subject derive from true science and sound common sense.

While people clearly recognize the infinite diversity of intellectual gifts, and would no more expect the fruits of genius and talent from them who had been denied by nature the slightest portion of either, than we should grapes from thorns or figs from thistles, they are in the habit of believing that, for all practical purposes, the moral endowments of men are equal. Not exactly that they are equally benevolent, equally honest, equally true to the right and the good, but that they might be if they chose. Misled by the fallacies which lurk under the specious terms, *free will*, *free agency*, they reach the conclusion that all men are equally responsible for their deviations from the line of moral rectitude. They never would think of saying to men, ‘Here is poetry, here is philosophy, here is art; you have the capacity to excel in either; take your choice, and the world will hold you responsible for the result;’ yet they do not see the absurdity of saying, ‘Do good or do evil; be a saint or a sinner, a blessing or a curse to your race; you are a free agent, take your choice, and be rewarded or punished accordingly.’ But those cabalistic words, *free will*, *free agency*, which have been used, time out of mind, to dispel the difficulties of human responsibility, have now lost their force, and we are obliged to resort for light to the results of modern inquiry.”

The portion of the first chapter most interesting to professional readers is perhaps that in which the laws of heredity are discussed. Buckle’s strange doctrine, in the History of Civilization, that there is no proof of the transmission of either physical or mental tendencies, is here examined at some length by Dr. Ray. He gives a more precise statement of the law and its limitation than we have before seen, and shows its close analogy with the great law which, in the gen-

eration of all living beings, preserves the unity of species by a limit to variation. We quote upon this point.

“The law which pervades the propagation of living beings, preserving the unity of the species, and setting bounds to accidental or abnormal variations, is, that like produces like. Thus, through successive ages, the characters that mark the species are preserved, and the order and harmony of nature maintained. But a certain amount of variety is not inconsistent with harmony, and, therefore, individuals, while agreeing in all the characters of the species, are distinguished from one another by some obvious though subordinate traits of difference. In animate objects, perfect identity is no more a part of Nature’s arrangements than unlimited variety. In every individual, therefore, we have two different orders of characters; one which he possesses in common with all other individuals of his species, and another which are peculiar to himself or a few others. That the former are preserved by hereditary transmission, of course, nobody doubts, and the fact shows the possibility, if it does not afford presumptive proof, that the latter are governed by the same law. Such, certainly, is the ordinary belief, as it regards the normal physical traits of family resemblance, but it is now contended that moral and intellectual qualities, and even diseases or tendencies to disease, are not so transmitted,—that when possessed by both parent and offspring, the coincidence is merely accidental.* This view of the subject seems to arise from a misconception of some of the conditions which attend the operation of the law. It is alleged that if it were one of the laws of generation, that the traits in question are transmitted from parent to offspring, it ought to be a matter of more common occurrence; whereas, instances of this kind of resemblance are greatly outnumbered by those of diversity. The general fact, certainly, is true, though not perhaps to the extent here implied, but it does not disprove this kind of hereditary transmission. It is no part of the doctrine that such transmission is uniform and universal. If it were, we should have equal reason to believe that resemblance of physical features, form, complexion, countenance, is also accidental, because frequently, in these respects, the child is quite unlike the parent. Considering the tendency of nature to infinite diversity in its works, the instances of resemblance that do occur, though bearing but a small proportion, perhaps, to those of a differ-

*Buckle, T., *History of Civilization*, I. 161.

ent character, force us to conclude that the coincidence is not accidental, but the result of a general law. Constant, invariable coincidence could not be expected, when we consider that hereditary transmission is under the control of a double law, whereby the type of the species as well as of the family is maintained. Even under the widest deviations from the normal type, there is ever a tendency to regain the original characters of the race. A trait which distinguishes two or three successive generations may be scarcely observed in the fourth, and finally be lost altogether. It may appear in one member of the family, and be absent from another. A trait which distinguishes one generation may be entirely wanting in the next, and reappear in the third.

There is another reason, and a very efficient one, why the peculiarities of the parent should not be invariably transmitted to the offspring. The child has a double origin, drawing its family traits from two different sources. The manner in which the two parents are represented in the offspring is subject to considerable diversity. The peculiar marks of one of them may greatly predominate over those of the other, and even exclude them altogether; or they may mingle together with some approach to equality. The parents themselves have inherited the traits of their progenitors, which may be more fully evolved in their offspring than in themselves, and thus the child is made to represent many individuals besides the immediate authors of its being. Thus it is, that the complete transmission of the peculiarities of the two parents is simply impossible; and the happy consequence of such extensive intermixture in the product of generation is, that peculiarities—especially those of a morbid or abnormal character—are finally absorbed in the characters that constitute the type of the species.

Against the doctrine of the hereditary character of some diseases, it is objected that the legitimate effect of such an organic law would be to deteriorate the human constitution, until every trace of its original stamina shall have disappeared.

Of course, the same disease is often seen in both parent and child, but this is regarded as only a casual coincidence. This objection is founded upon a very incorrect idea of the laws of hereditary transmission, as might be inferred from the statement at the close of the last paragraph. The transmission of disease is modified by the same class of agencies as the transmission of feature, or temperament, or complexion. We have no more right to expect that the insanity, or scrofula, or hare-lip of the parent should be transmitted to every one of his

children, than we have to expect that a prominent chin, or a large frame, or a dark complexion should be thus transmitted. The tendency, already spoken of, to regain the normal type after the most considerable deviations, is even more obvious in the case of disease and anomalous formation than in that of ordinary peculiarities. Besides, we are to recollect that it is not necessarily the disease which is transmitted, but only the predisposition to disease, and this, owing to some fortunate conjunction of circumstances, may never be developed into overt disease. Two brothers, for instance, may have inherited a tendency to insanity. One is exposed to circumstances that try the mental energies beyond the power of endurance, and he becomes insane. The other pursues the voyage of life on a tranquil sea, with favoring gales, and thus avoids altogether the impending blow. True, instances where the disease of the child has apparently been derived from the parent, may be perhaps outnumbered by those where there has obviously been no such transmission. But this would not help the objection, unless we alleged that the diseases in question had no other origin than that of hereditary transmission. They may be derived from the parent, or from agencies that supervened subsequent to birth. These two different orders of fact are not incompatible, as all the analogies of nature show. To deny the hereditary character of some diseases, merely because they are not always hereditary, is no better philosophy than it would be to believe that scarlatina, typhus, measles, glanders, are never contagious because by the side of cases which seem to have originated in contagion are many that can not be traced to this cause.

That the soundness and vigor of the human constitution are greatly impaired by the hereditary transmission of disease can scarcely be doubted by those who have been much conversant with the subject, and though any approach to thorough and universal deterioration has been avoided by that beneficent law whereby the normal type of the species prevails sooner or later, under favorable circumstances, over all casual deviations, yet the evil is serious and extensive enough, it might be supposed, to induce the wise and prudent, if no others, to avoid the causes which produce it.

Let us, however, avoid the common error of supposing that under the law of hereditary transmission the abnormal trait of the parent, and that only, is exactly repeated in the offspring. The only essential element of the hereditary act is defect, deterioration, or vitiated quality of the brain. What phasis it may finally assume, depends on conditions beyond

the reach of our knowledge. We might as well expect to see the eyes or the nose, the figure or the motions of either parent transmitted with the exactest likeness to all the offspring, as to suppose that an hereditary disease must necessarily be transmitted fully formed, with all the incidents and conditions which it possessed in the parent. And yet in the case of mental disease, the current philosophy can recognize the evidence of transmission in no shape less demonstrative than delusion or raving. Contrary to all analogy and contrary to all fact, it supposes that the hereditary affection must appear in the offspring in precisely the same degree of intensity which it had in the parent. If the son is stricken down with raving mania, like his father before him, then the relation of cause and effect is obvious enough; but if, on the contrary, the former exhibits only extraordinary outbreaks of passion, remarkable inequalities of spirit and disposition, irrelevant and inappropriate conduct, strange and unaccountable impulses, nothing of this kind is charged to the parental infirmity. Such views are not warranted by the present state of our knowledge respecting the hereditary transmission of disease."

We doubt, however, whether it is proved, as Dr. Ray states in a following paragraph, that the physiological law by which like produces like "depends upon this condition, that the parents shall not be nearly allied by blood." The facts from which this is inferred are derived from experiments on the domestic animals. In man, it is admitted, the evil effects of family intermarriage are less obvious. But although close breeding in animals is no doubt often followed by deterioration, yet, on the other hand, it is known that the best specimens of cattle and horses are produced by this process, continued through many generations. The only certain inference from the facts submitted is, in our opinion, that individual peculiarities become more strongly marked by close-breeding. As almost all families have some morbid tendency which might be increased by marriage between its members, may not this sufficiently explain many cases which seem to favor the doctrine of Dr. Ray?

The chapters on physical and mental influences, and those on the practices of the times, and the tendency of disease in their relations to mental hygiene, are full of important practical teaching, set forth in the clearest and most impressive

manner. Aside from the one fatal doctrine, so persistently urged as that even if true it must perplex and deter the reader, we can only speak in terms of unqualified admiration of the whole book. As it is, we confess to a feeling of impatience that so much matter of the highest importance to the welfare of community should be deprived of its practical value by a union with the false philosophy of a past age.

S U M M A R Y .

EASTERN LUNATIC ASYLUM, VIRGINIA.—In September last Dr. John P. Gray, Superintendent of the New York State Lunatic Asylum, was ordered by the President of the United States, to proceed to Fortress Monroe, to investigate the alleged insanity of a person who was under sentence of death for shooting an officer of the army. (The result of this investigation is given in the present number of the JOURNAL.)

When through with this duty, Maj. Gen. Foster, commanding the department, requested Dr. Gray to remain a day or two and visit and examine the Eastern Lunatic Asylum of Virginia, at Williamsburgh, and report to him its condition and wants, and advise with the officers in charge upon any points which want of experience left them inefficient in, and recommend such changes or improvements, if any suggested themselves, as might enable them to discharge their duties more efficiently, and conduct the institution with due economy, and, at the same time, secure the greatest possible comfort to the unfortunate inmates which the means at disposal would admit of.

Dr. Gray complied with Maj. Gen. Foster's request, and subsequently embodied in a letter to the New York Times of October 31st, the impressions received during this visit. We present our readers with several extracts from this letter :

"I remained and visited the Asylum with Gen. Foster and Staff, and while there, received from Col. Robert M. West, commanding the post, and Dr. John D. Weaver, First Pennsylvania Artillery, physician in charge, all the data in their possession in regard to the institution, since it has been under the care of the military forces. These data Col. West subsequently communicated more fully in writing, that I might be the better able to respond satisfactorily to the request of Gen. Foster.

"It seems not improper to make some of the facts elicited public. There are probably few instances where a Commanding-General of an army has among his responsibilities the care of a large hospital for the insane.

"May 5, 1862, the battle of Williamsburgh was fought. Soon afterward, the accomplished Superintendent of the Asylum, Dr. Galt, committed suicide. There were then in the institution nearly 300 patients. Those insane people were without medical supervision or support, and Gen. McClellan ordered Dr. Thompson, of Illinois, in charge, and all needful supplies were furnished. In June, Dr. Thompson was relieved by the appointment of Dr. G. F. Watson by Gov. Pierpont. This arrangement continued until the withdrawal of the United States Army from in front of Richmond, when Dr. Watson retired.

"On the 20th of August, 1862, Assistant Surgeon P. Wager, of the Fifth Pennsylvania Cavalry, was placed in charge, and from that time the Asylum has been under the care of the Government.

"There were then in the Asylum 252 patients, and 42 officers, attendants, and servants. Since that period, 5 patients have been admitted and 61 have been discharged and died, leaving a population of 238.

"The Asylum is among the oldest in the country. The grounds are quite spacious, nicely laid out and reasonably well kept. The buildings commodious and in fair repair. The house was scrupulously clean, the patients seemed orderly and well cared for, and there was everywhere a general air of quiet and comfort. The present physician, Dr. Weaver, is a man of modest and pleasant address, evidently of good executive capacity, and stated by Col. West to be a man of fair abilities, and possessed in an eminent degree of those kindly qualities of mind and heart fitting him for such a station.

"The matron and some other officers and their attendants, to their praise, remained faithful to their posts, and are dis-

charging their duties without reward further than food and clothing.

“A parcel of land belonging to the institution is cultivated by the servants and some of the patients, and yields a reasonable supply of Summer vegetables. Fish and oysters, in their season, are also easily obtained from York River. For all other supplies there is no dependence other than the munificence of the United States Government. The army rations are furnished, consisting of fresh and salt beef, pork, flour, beans, rice, hominy, coffee, tea, sugar, potatoes, dessicated vegetables, dried fruit, salt, vinegar, soap and candles. Fuel, clothing, bedding, furniture, are also supplied.

“The United States Sanitary Commission, with its universal charity, has furnished from its stores such needed comforts as have been beyond the reach of the Government, and a number of philanthropic persons from the north have contributed both moral and material aid.

“These military officers—men of war—surrounded by enemies of the Government—the institution on the outward line of occupation—these insane people the relatives and friends of these enemies—assume and carry out these duties in a spirit which would put to shame that ordinary charity which contents itself in giving from abundance without doing.

“Col. West, in his report, says: “There is abundance of heartfelt sympathy, but a difficulty in manifesting it in a way to be appreciated and felt. There is also abundant willingness to care and do, yet a deficiency in knowledge of how our efforts should be directed. Time and experience, we hope, however, will enable us to labor more effectually to ameliorate the condition of these ‘unfortunates’ until a civil management can be inaugurated and maintained.

“My personal intercourse and observations enable me to verify fully the fact that the institution is conducted in the gentle and christian spirit of this declaration.

“That the United States authorities should assume the support of such an institution, and the military officers thus cheerfully take upon themselves the additional labors and anxieties necessarily incumbent, reflects the highest credit on the humanity and munificence of the Government and the character of the military.”

WEST VIRGINIA HOSPITAL FOR THE INSANE.—The name of Weston Asylum has been changed by the State Legislature to “West Virginia Hospital for the Insane,” and James A. Hall, M. D., has been appointed the medical superintendent.

Dr. Hall enters upon his new duties with an experience acquired in the Pennsylvania Hospital for the Insane.

WESTERN LUNATIC ASYLUM OF KENTUCKY.—This asylum was destroyed by fire in the autumn of 1860. It has since been rebuilt and was opened for partial occupancy on the 15th of last November. The present building is said to be one of the best in the West, with the most recent and approved methods of warming and ventilation. Dr. James Rodman has been in charge as Superintendent since June 1st.

INSANE ASYLUM, EAST PORTLAND, OREGON.—This asylum was opened during the past year. Dr. A. M. Loryea is the Resident Physician.

ASYLUMS FOR INEBRIATES.—The Asylum for Inebriates, at Binghamton, is to be opened during the ensuing month. The applicants for admission are said to number by thousands, while the accommodations are sufficient for a few hundreds only. And now that this experiment is fairly inaugurated, for attempting the cure of inebriety, there arises the important question of the forcible detention of the patient in the institution. We presume it is not proposed to hold the victim of intemperance against his will and without legal authority, as this would infringe upon the rights of the citizen and open the door to grave social abuses; neither can he be permitted to leave at his own pleasure, for this would defeat the very purpose for which the establishment was formed. A residence of a few weeks or months would simply prepare him to enter with greater zest upon the gratification of his appetites. Experience teaches us that *years* of abstinence, and the long-continued practice of self-control are required to eradicate confirmed habits of intemperance. Even in the opinion of those who consider inebriety a form of mental disorder, a total mental and physical evolution is necessary to reformation. We are not of those who regard intemperance as a disease, neither do we consider it a crime, in the legal definition or that term. Its victim should not be sent to the insane hospi-

tal or incarcerated in a criminal institution. Intemperance is simply a vice, requiring reformatory treatment, and to this end compulsory detention in an asylum is essential. In the present state of the law this measure can not be enforced—and some carefully guarded legal statute must be devised by the Legislature of the State, by which the patient shall first be properly committed to the Asylum, and then his detention be ensured until such time as the Managers may deem it safe and advisable to grant a discharge.

In connection with the Asylum at Binghamton, it gives us pleasure to refer to a recent undertaking in Boston, for the relief of intemperate women of the higher classes. The object is set forth in the following notice from the *Boston Medical and Surgical Journal*:

“RETREAT FOR INTEMPERATE WOMEN.—The necessity of making some special provision for the victims of intemperance, partly for the benefit of the individual and partly for that of the community, is beginning to attract general attention, and the subject in its various bearings has been brought before the Massachusetts State Board of Commissioners on Insanity, as among the matters deserving their serious consideration.

“Aside from the question of establishing a public asylum for inebriates, the advantages of which would be more naturally confined to the middle and lower classes, it appears that there is as yet in New England no place of refuge for intemperate women of good social position except the public and private lunatic asylums, which are unfitted, in the almost unanimous opinion of their Superintendents, for the reception of such cases; at many asylums, indeed, admittance being refused to them, alike in justice to the other patients and to the inebriates themselves. The number of applications at the New York General Asylum at Binghamton far exceeds the possible capacity of the building, while the Washingtonian Home in Boston, whose influence for good is already so extended, is for men alone.

“In accordance with this apparent want, arrangements have been made by which there will be afforded to a limited number of self-indulgent women, whether addicted to opiates or stimulants, the necessary elements for their cure; namely, voluntary seclusion from temptation, the strictest privacy if desired, a location in the immediate vicinity of the city, and yet unrivalled for purity of atmosphere and beauty of scenery.

The house selected for the purpose is one constructed with especial reference to a comfortable residence during the winter; attendants will be provided of unexceptionable character, and but few patients will at present be received. For further information application may be made to the Secretary of the Commission, Dr. H. R. Storer, at Hotel Pelham, Boston; the other members of the Board being Hon. Josiah Quincy, Jr., of Boston, and Dr. Alfred Hitchcock, of the Governor's Council, of Fitchburg. It may be stated that the step now taken has the cordial approval and endorsement of His Excellency, Gov. Andrew, Judge Hoar, of the Supreme Court, Drs. James Jackson, Jacob Bigelow, John Jeffries, H. I. Bowditch, J. Mason Warren, Tyler of the Asylum at Somerville, Jarvis, of Dorchester, and other of our more prominent citizens."

DISCHARGE OF INSANE SOLDIERS.—We are happy to notice that, amid the manifold duties of the Surgeon General's office, the interests of the insane soldier are not overlooked. An important circular recently issued by Acting Surgeon General Barnes, forbids the discharge of insane soldiers on Surgeon's Certificate of Disability, and calls attention to paragraph 169, Revised U. S. Regulations, and section II, General Orders No. 98, dated Head-quarters of the Army, Adjutant General's Office, November 13, 1861, in regard to the disposition to be made of "insane soldiers." The practice of discharging insane men from the service on surgeon's certificate of disability had become widely prevalent in the army, and although probably originating in ignorance of existing regulations, was none the less deplorable in its consequences.

TO THE COMMITTEE ON LUNACY LAWS.—We have received the following communication from Dr. Ray, with the request that it should appear in the JOURNAL. We trust that the committee will not lose sight of the obligations imposed upon them by the Association. The subject is one of great importance, as tending eventually to a uniform system of laws on lunacy throughout the various States of the Union.

"The Chairman of the Committee appointed at the last session of the Association of Superintendents, on the laws relating to insanity, in the various States of the Union, regrets that he has received reports from only a few of the members

of the committee, and that some of those are entirely silent on some of the prescribed points. Unless the members report at an early day it will be impossible for the chairman to perform his part of the work in season for the next meeting.

"Those from whom reports have been received are Drs. Butler, Fonerden, Curwen, Woodburn, McFarland, Patterson, Chipley and Harlow. I. R."

BLOOD SWEATING IN GENERAL PARESIS.—Dr. SEVERES in the *Allgemeine Zeitschrift für Psychiatrie*, vol. xx, part 1, gives an account of two cases of General Paresis, in the latter stages of which was observed the curious phenomenon of *blood sweating* about the face. In these cases of long standing, and in which the power of articulation was nearly or quite lost, and the muscular paralysis complete, there were observed a great multitude of coagulated blood drops about the face, as though the countenance had been sprinkled with blood. After these had been wiped away, they again reappeared after about two hours, giving the face an appearance such as it would present if pricked all over with a fine needle. The face was made red by these blood spots. At the same time the temperature of the head was increased, the pulse 120 and weak. After two days this curious symptom disappeared, and only in a few places where the sweating and blood stains had been most extensive, a few rose-colored spots could be found. The post-mortem appearances in these cases were such as are frequently found in this disease, and the membranes of the brain and spinal chord were discolored in spots, as by a similar blood effusion.

THE JOURNAL OF PSYCHOLOGICAL MEDICINE.—It is a matter of profound regret, now when Psychological Medicine is beginning to receive the attention which its importance demands, that the journal which has been first and foremost in England to bring about this desirable result by its long and ably sustained advocacy of the interests of our specialty, should be discontinued. The *Journal of Psychological Medicine*, established by Dr. FORBES WINSLOW in 1848, ceased to exist with the number for October last. Of the cause of its discontinu-

ance we are not informed. It is rumored that the *Journal* is to be revived at a future period under the auspices of another publisher. We may therefore indulge the hope that the following graceful adieu from Dr. WINSLOW to his readers may not prove a "*long farewell*."

"With this number of the "*Journal of Psychological Medicine*" I resign the editorial *baton*. The questions as to its amalgamation with another magazine, or its subsequent reappearance in a somewhat different form, are reserved for future consideration.

"For sixteen years I have edited this *Journal*. It was established by myself in January, 1848. As it was the first periodical work exclusively devoted to the discussion of medico-psychological literature published in this country, my readers will easily appreciate the many difficulties with which I had to contend at the early period of its existence, and the grave and responsible duties that devolved upon me, during at least the first few years of my editorial career.

"Until within a recent period the sole management of this *Journal* was in my own hands. For ten years I discharged the onerous functions of editor, sub-editor, writing many of the original articles and reviews, revising the original articles forwarded for insertion, correcting the proof-sheets, and personally superintending all the complex mechanical arrangements of the press. If this had not been to me a labor of love I never should have been able, with my other numerous and anxious engagements, to have undergone for so many years this serious amount of mental work with impunity.

"In 1858 I found it necessary, in consequence of my increasing professional engagements, to appoint a sub-editor. For this responsible position I was fortunate in being able to secure the literary services of Mr. J. N. Radcliffe, who, as all my readers as well as myself can testify, has discharged his duties with great ability.

"Before bidding a final editorial adieu, I desire to proffer my warm and sincere thanks to the many learned contributors who have, from the commencement of this *Journal*, rendered me most invaluable literary assistance; and of the generous and liberal support I have, almost without an exception, received from the public and medical press of this country, I can not speak in terms sufficiently expressive of my gratitude.

"If in the course of my editorial reign anything has been inadvertently said in this *Journal* to give pain or annoyance

to any person, I now desire, in the most unqualified terms, to express my regret.

"I have, during the whole period of my connection with this periodical, endeavored to act kindly and conscientiously towards all parties—studiously, as far as was consistent with just criticisms, avoiding all personalities.

"Some of my readers may, however, conceive that criticisms which these pages have set forth have occasionally been harsh or even unjust. I do not wish it to be inferred that observations have not occurred in some of the articles which it would have been better to have left unsaid.

"I have no desire to refer to this Journal as a standard of critical perfection, or to claim for myself, as its editor, an exemption from the ordinary frailties that are, alas! so closely interwoven with poor human nature.

"Errors have no doubt been committed that I regret, and remarks made which I would willingly (if it were in my power) expunge; but—

‘To err is human, to forgive divine.’

"It would be egotistical for me to speak of the increased interest that has been awakened in all medico-psychological questions (evidenced by the establishment of a Professorship of Psychological Medicine, and the publication within the last ten years of numerous works on the subject of psychology in relation to the science and practice of medicine;) or of the enlightened progress made in the treatment of the insane, arising out of a more scientific appreciation of the great principles of mental and cerebral pathology.

"The relation between these matters and the publication for sixteen years of this work must be left to the judgment of unbiassed minds and the testimony of disinterested persons.

"In conclusion, I wish to intimate to my numerous readers and subscribers that immediate steps will be taken to bind up the first and second series of this Journal, now embracing sixteen closely-printed volumes.

"It is also my intention to prepare for speedy publication a copious index of both series, in one octavo volume. This will be found invaluable to all who already possess copies of the work, and will also be highly useful to those, unconnected with the medical profession, engaged in the study of this deeply-interesting and important branch of philosophical inquiry.

"FORBES WINSLOW."

APPOINTMENT.—DR. PLINY EARLE, of Leicester, Mass., formerly Superintendent of Bloomingdale Asylum, New York, has been appointed Professor of Materia Medica, Hygeine and Psychological Medicine, in the Berkshire (Mass.) Medical College.

The medical faculty of Harvard University have the credit of being the first in this country to make mental disease a part of the course of study. With them, however, it was but a partial measure, inasmuch as attendance upon the lectures delivered by Dr. Tyler of Somerville, was optional with the student, and not essential to the conferment of his degree. There was moreover no clinical instruction in the wards of an Asylum, and thus the teachings of the lecture-room were of little real benefit.

The special morbid constitution of the present period disposes to the neuroses of which insanity may be said to be the culmination. No less true is it that this, the most formidable disease of its class, is increasing in the community, and that this tendency will continue until a new epoch ushers in some other constitutional diathesis. Asylums are not multiplied with sufficient rapidity to meet the wants of the insane, and more effective measures than those hitherto applied, are necessary to arrest the developement of mental affections.

To this end it is essential that the general practioner of medicine should possess a knowledge of mental disease. It is under his eye that the incubative stage is initiated, and it is precisely here that judicious moral and medical treatment may accomplish the greatest good. On the other hand, at this point, false diagnosis and erroneous treatment will entail an aggravation of the malady and often a state of incurability.

For the better education of the medical mind on this subject we must look to the action of our medical schools and to clinical instruction in the wards of hospitals for the insane.

FRACTURE OF THE SKULL IN A LUNATIC WITHOUT ANY SYMPTOMS.—A lunatic had been much beaten about the head by a brother madman, fracturing his skull in several places. After the immediate effects of the concussion had passed off, he appeared as well as usual, ate his dinner, and remained in

his usual health for some weeks, when he died, apparently from disease, quite unconnected with the injury. The specimen was exhibited to the Pathological Society of London, by Dr. Wilks, to illustrate the fact of lunatics being less susceptible of impression than sane persons.—*Medical Times and Gazette*, Nov. 14.

DIGITALIS IN THE TREATMENT OF INSANITY.—In an interesting article upon the use of Digitalis in the treatment of Insanity, the author, DR. ROBERTSON, Editor of the *Journal of Mental Science*, remarks as follows:

“I have, during the last year and a half, exhibited digitalis in the form of the tincture in twenty to thirty cases of maniacal excitement, recent and chronic, with varying results.

“First, as to the failures. In three recent cases of mania depending on uterine excitement, two in young girls and one at the change of life, I steadily pressed the use of the drug until its poisonous effects, as shown in sickness and vomiting and intermittent pulse, were produced. The dose given was, in each case, half a drachm of the tincture three times a day. The result was simply that the patients when very sick were quiet, and that so soon as nausea passed off the excitement returned. Again, in two severe cases of recurrent mania, I only produced sickness and depression of the pulse, and no amendment of the mental symptoms followed this psychological action of the remedy.

“On the other hand, my success with this drug in cases of general paresis, in the second stage, that of mental alienation with symptoms of maniacal excitement, (and in which so often in private practice, aid is sought pending the patient’s removal to an asylum,) leads me to regard its action in controlling cerebral excitement as quite specific. I have, of course, had my share at Hayward’s Heath of these troublesome cases—and how noisy and wearying they are, every asylum physician knows to his cost—and they have ceased to give any trouble under the calming action of digitalis.

“It is with these cases of general paresis, in the stage of mental alienation with maniacal excitement, that the assaults and injuries in asylums (which from time to time unfortunately occur) arise. There is such a reckless violence present, on which no moral or physical obstacles make the slightest impression, and this stage lasts so many weeks, if not months, that any remedy at all capable of controlling this state of things deserves a most careful trial. And such a remedy I

believe we possess in digitalis, continued steadily day by day, while the tendency to excitement lasts, in half-drachm doses two or three times a day, or oftener.

"It acts in every case of the kind in which I have given it as a specific, calming the excitement, and enabling the patient to pass without wear or irritation through this stage of the malady. Its action has been to steady the pulse, and thus apparently to supply the brain better with blood, and so to obviate the tendency then existing to effusion of serum, consequent on the inflammatory process going on, as we believe, in this stage of the disease in the arachnoid and pia mater. The researches of Wedl, quoted by Dr. Salomon in his able paper on general paresis, are conclusive as to the inflammatory process present in this stage of the disease.

"In such circumstances the only visible result is mental quiet, and the action of the drug appears to be that of a cerebro-spinal narcotic. The functions of the stomach and bowels are not affected by its use; the appetite rather seems to improve. The pulse often remains unaffected for weeks under the use of half-drachm doses, and the only result is the specific action on the cerebral excitement. I have often found one day's intermission of the medicine bring on all previous symptoms of excitement. * * * * *

"I have also continued for many weeks with benefit to administer half-drachm doses of the tincture of digitalis in cases of chronic mania, with noisy and destructive habits. I have at this moment two such cases under treatment. In one, the irritation is evidently depending on impending paralysis.

"There is a third form of insanity—mania with phthisis (not unfrequent in private practice also,) in which I have found the occasional use of the tincture of digitalis of great benefit."

ON THE MINUTE STRUCTURE OF THE GREY MATTER OF THE CONVOLUTIONS OF THE BRAIN.—"The so called granular matter," says Lionel Beale, "or granular matrix, which is described as existing in considerable quantity in the grey matter around the cells and between the fibres, results from the disintegration of the finest nerve fibres and cells, for in the specimens I have prepared, the tissue intervening between the cells is seen to be composed entirely of nerve fibres. The majority of these fibres are not more than the 1-100,000th of an inch in diameter. The slightest displacement of the thin glass covering the specimen will often destroy these delicate fibres."

The author says that he has succeeded in demonstrating the connection between the nerve cells and fibres in the grey

matter of the convolutions, and in other parts of the mammalian brain. In many instances, one thick fibre is continuous with one or the other extremity of the cell, while from its opposite portion from three to six or eight thinner fibres diverge in a direction onwards and outwards. This arrangement is particularly distinct in the grey matter of the sheep's brain. The broad extremities of the cells for the most part are directed towards the white matter of the hemisphere. The cells have no cell-wall, and the matter of which the fibre is composed is continuous with that of which the outer part of the "cell" consists.

It has been stated that nerve cells do not exist in the white matter; but the author has found that numerous cells were present in this tissue for the distance of perhaps the sixth of an inch or more beneath the grey matter.

The numerous nerve cells of the grey matter are all connected or give origin to at least two fibres.

It is probable that the cells of the grey matter of the convolutions are connected together; but in the adult the cells are not often connected in those cells which are situated near to them.

There is no reason for supposing that the nerve-cells here or elsewhere influence any nerve-fibres, save those which are structurally continuous with them.—*Dublin Med. Press.*

INSANE ASYLUMS IN RUSSIA.—In all the general hospitals in the different provinces of the empire, there is a department for the treatment of insanity. The number of beds varies from 15 to 100.

Moscow and St. Petersburg, the capitals of Russia, possess two central establishments for the treatment of the insane; these same establishments serve as asylums for epileptics and incurables.

The imperial hospital for the insane, founded in 1832, is about half a mile from the *barrière* of St. Petersburg. It accommodates 300 patients, 160 women and 140 men. It is under the guardianship of the imperial council, one of the members of which is charged with its direction. The medical management is subject to the inspection of the medical inspector general of the hospitals of St. Petersburg.

The immediate supervision of the hospital is confided to the physician-in-chief and to an officer entitled the administrator. The medical service is entrusted to three assistant

physicians, aided by two *internes*. The administrator has associated with him a steward and an officer for police service. The hospital bureau is composed of the chief, the sub-chief and two secretaries. There are six classifications or sections of the insane, each section having a supervisor, two assistants and six servants. Insane parturient women have a physician, matron and nurses provided. This new feature in the hospital was introduced Feb. 1, 1862, and received the approval of the Emperor.

In addition to the imperial hospital for the insane, there are in St. Petersburg three private institutions, with accommodations for 75 patients; and three public hospitals. The latter comprise a section for 50 patients of both sexes in the hospital of Obouchoff, a section for 50 patients of each sex in the hospital for workmen, and a clinical section at the Academy of Medicine for 100 men and 12 women. The above hospitals are named chronologically according to the date of their establishment.

At Moscow there is, 1st, the hospital of Preobrajensky for 200 patients of both sexes, under the charge of a physician-in-chief, two assistants and one *interne*. This hospital is a public charity. 2d, the asylum for the police, with 100 beds. 3d, the private asylum of Dr. Sabler.

At Kasan there is now in course of construction a public hospital for 150 patients of both sexes. The plan of the building was decided upon by a commission of alienists and architects appointed by the medical director of the department of the interior. By order of the commission the physician-in-chief visited foreign hospitals, and all the interior details of this hospital have been left to his discretion.

At Riga there is the public hospital of Alexandershoche for 25 men and 25 women; and also a recently established private asylum. Public hospitals are being established at Dorpat and Vilno, in the former of which it is designed to introduce clinical instruction in mental diseases. In the grand duchy of Finland there is both a public and private asylum.—*Translated from the Annales Medico-Psychologiques.*

MERCURIAL INSANITY.—Two circumstances will for long prevent us from obtaining on this subject a positive solution. In the first place, we no doubt see persons go mad during or after the remedial action of mercury. But are there more madmen among a given number of persons who have been mercurialized than of those who have not? So long as accurate statistics are wanting, the supporters of mercury will have a right to maintain, that though this agent does not preserve from madness, it does not predispose to it. In the second place, few persons take mercury without having syphilis. If one goes mad, whether would it be correct to accuse the disease or the remedy? This question is still more obscure than the former; it is indeed almost impossible to elucidate. I may cite a single case in illustration of this point. About the middle of 1856, a medical student at Montpellier had two gonorrhœas, and then a chancroid. Believing himself infected, he was for a long time (as long as the gonorrhœas lasted) treated with the pills of Dupuytren and the mixture of Van Swieten. In November, 1857, this young man returned to Lyons; his family had never had any symptom of mental alienation, but it was noticed that there was a certain moroseness about him and a marked loss of memory. These symptoms went on increasing. He left Lyons, and had an acute attack, which was disguised under the name of a brain fever; he became permanently maniacal, and died in an asylum. I have observed, in my special practice, all the varieties, all the degrees of mental alienation. In 1854, I treated a young man of fair complexion on account of some obstinate patches of impetigo on the scalp. At his special request, although he had no other symptoms, I mercurialized him, and he was affected to such a degree that after several attacks of stomatitis, the crown of one of his molar teeth became friable and dropped off. This young man, whose disposition was remarkably cold and positive, became hypocondriacal, had hallucinations, sought solitude, and shunned his friends. He thought no more of his syphilis, but told me perpetually that he felt himself going mad. He returned to his native place and wrote me several letters which indicated progressive mental alienation, but I have not heard any more of him. Another young man, of an excellent and very healthy family, persisted in taking mercury on account of syphilis, which he would not believe to be cured although there were no longer any symptoms of it. At first he manifested irregularities of disposition, then eccentricities more and more strange, then true hallucinations. A fly could not settle on his nose, an announcement could not be put into his hand in the streets,

without his asking why his enemies persecuted him so. He died quite mad. A merchant had had several attacks of syphilis: anxious to resume a life of pleasure, he got himself cured as speedily as possible; but on the disappearance of the local accident, he mercurialized himself largely, in order to "destroy the virus." At the age of thirty-two he presented the most unmistakable signs of mania, and finally subsided into a condition of dementia. Every one has heard of the deplorable death of a member of the bar, who died lately in an asylum. But what is not generally known is, that being on the eve of marriage, and being anxious to be cured of some persistent fissures on the edges of the tongue, he had taken mercury to a large extent. He had applied to Ricord, to my friend Dr. Gromier, and to myself, carefully concealing from each of us the fact of having consulted any one else, and his only object seemed to be to get as large a quantity as possible of mercury prescribed.—*Revue de Thérapeutique Médico-Chirurgicale*, September, 1863.

THE PHYSIOLOGICAL EFFECTS OF SULPHURET OF CARBON.—Dr. Delpech, a Professor of the School of Medicine, has recently published some important observations on the evil effects of the sulphuret of carbon and other noxious substances employed in certain trades. Sulphuret of carbon is a transparent, exceedingly fluid, and highly volatile liquid, possessing a characteristic and disagreeable smell; it is one of the most dangerous substances known in chemistry, but unfortunately also one of the most useful. Its chief property is that of dissolving india-rubber with the greatest ease, whence it follows that it is extensively used in the factories where that substance is blown into bladders for various purposes. The vulcanization of india-rubber—that is, the operation by which it acquires the valuable property of increased elasticity and insensibility to a degree of heat which it otherwise could not bear, is chiefly effected by sulphuret of carbon, aided by chloride of sulphur, although it might be equally obtained in certain cases by sulphur alone. But the men engaged in this work are exposed to the effluvia of the sulphuret, which in a short time causes headache, vertigo, and an over-excitement of the nervous system. The patient talks with great volubility, sings incoherently, or laughs immoderately, or else hides himself and weeps. This state may even lead to lunacy, and at all events will cause obtuseness and imbecility. To obviate these serious effects, Dr. Delpech recommends a glass screen to be placed between the workman and his table, leaving two holes for the hands and arms; these also are to be protected by

ample sleeves of waterproof stuff. Another hole is to be left for the nozzle of the bellows which they use to blow the india-rubber into balls. These precautions, Dr. Delpech thinks, ought to be enforced by the authorities.—*Galignani*.

THE EFFECTS OF MORMONISM.—On a recent visit to Salt Lake I had good opportunities for observing and inquiring into the effects of polygamy, as practically exemplified in the case of that people. While sojourning there I mingled much amongst them, visiting them in their homes, and seeing them at their public assemblies and places of business and pleasure; wherefore, I feel qualified to speak of the results of their peculiar institutions, both of their social, physiological and intellectual bearings.

A marked physiological inferiority strikes the stranger, from the first, as being one of the characteristics of this people. A certain feebleness and emaciation of person is common amongst every class, age and sex; while the countenances of almost all are stamped with a mingled air of imbecility and brutal ferocity. This, in fact, is their true character; they being obsequious and yielding to their superiors—to strangers sullen and spiteful, while among themselves they are cold and unamiable. In the faces of nearly all, one detects the evidences of conscious degradation, or the bold and defiant look of habitual and hardened sensuality—the women, with but few exceptions, shrinking from the gaze of the stranger, as if fully alive to the false and degrading position they are forced to occupy. Some seem overwhelmed with shame; others wear a forlorn and haggard appearance, while a few put on a cheerful air, affecting to be satisfied with their sad condition.

Without entering into minutiae, I may instance the following as a few of the bodily peculiarities that strike the medical man in mingling with the inhabitants of Salt Lake City:—Besides the attenuation mentioned, there is a general lack of color—the cheeks of all being sallow and cadaverous, indicating an absence of good health. The eye is dull and lustreless, the mouth almost invariably coarse and vulgar. In fact, the features—the countenance—the whole face, where the divinity of the man should shine out, is mean and sensual to the point of absolute ugliness. I have nowhere seen anything more pitiful than the faces of the women here, or more disgusting than the entire appearance of the men. It is a singular circumstance that the physiognomical appearances of the children are almost identical. The striking peculiarity of the facial expression,—the albuminous types of constitution, the light-yellowish hair, the blue eye, and the dirty, waxen hue of the skin,—indicate plainly the diathesis to which they

belong. They are puny and of a scorbutic tendency. The external evidences are numerous that these polygamic children are doomed to an early death,—the tendency to phthisis pulmonalis being imminent and noticeable.

The evidences of natural degeneracy are more palpable in the youthful than in the adult population; the evils of this pernicious system not having taken full effect upon the latter. A more feeble and ill-looking race of children I have not met with, even among the vice and squalor of our larger cities. One looks in vain for those signs of constitutional vigor and sturdy health common to the juvenile portion of what may be considered but a country town. So far as food, climate, and other external causes are concerned, the children, as well as the adults here, are favorably circumstanced; their sanitary conditions are generally good: wherefore, we must look to the evils engendered by their religious and social system for the agents of this physical inferiority.

The Mormon, with few exceptions, is low-bred and vulgar. Dancing is his favorite amusement, forming, in fact, not only a pastime, but a part of his religious exercises. His conversation is of the most simple and commonplace character. His thoughts never soar above his amusements or domestic affairs. He deals in the gossip and scandal of his neighborhood. The Mormons, of both sexes, are an ill-looking set, and when we have said that they are frugal, industrious and content, we have enumerated about all the virtues they can claim, or that we can conscientiously concede to that wretched system of degradation known as Mormonism.

Under the polygamic system, the feeble virility of the male and the precocity of the female becomes notorious. The natural equilibrium of the sexes being disturbed, mischief of this kind must ensue; as a consequence, more than two-thirds of the births are females, while the offspring, though numerous, are not long-lived, the mortality in infantine life being very much greater than in monogamous society, and, were it not for the European immigration, the increase of inhabitants would be actually less than in Gentile communities. The fecundity of the women is remarkable, as might be expected, considering that the husband cohabits with the wife only at such periods as are most favorable to impregnation.—*Dr. Furley in San Francisco Medical Press.*

SPINAL ARACHNITIS IN AN INSANE WOMAN WHO HAD ATTEMPTED SUICIDE BY CUTTING THE THROAT.—*Dr. Ogle* was indebted for the history of the case to *Dr. Boyd*, of the Somerset Lunatic Asylum. It was that of a woman, aged 52, who in making

the suicidal wound with a razor, had not only divided the larynx, but also the œsophagus to a considerable extent. She was kept alive by nutritious injections, passed through an œsophageal tube thrice a day for three weeks. During that time the wound contracted to half its original size, and she went on well until two days before death, when she became delirious. No spasm or convulsion, however, of any kind occurred before death, and one hour before that event took place the patient was fed as usual and answered questions rationally. After death it was found that not only had the razor divided the larynx and œsophagus, but that inflammation had been set up behind the pharynx and œsophagus, and that a carious condition of the anterior surfaces of the cervical vertebræ, and softening, with perforation, of the intervertebral cartilage, had been set up, so that a probe could readily be passed through one part of an intervertebral cartilage into the spinal canal. On examining the latter it was found that the dura mater at the upper part of the cervical region was thick and shreddy, and that the spinal arachnoid cavity throughout its whole length contained a large quantity of purulent and fibrinous material. It was also found, on examining the cranium, that the purulent fluid had found its way upwards, and covered the arachnoid situated over one of the lobes of the cerebellum. The brain and its membranes were very congested. The spinal cord was healthy. Dr. Ogle recalled the attention of the Pathological Society to a somewhat analagous case which he exhibited to the Society in the session of 1852-53,* in which a piece of bone became, in the act of swallowing, impacted in the œsophagus, set up inflammation, and eventually stricture of that tube; and also set up inflammation, softening, and perforation of an intervertebral cartilage, by which means inflammation was, as it were, conducted backwards to the intervertebral canal, and arachnitis, with disease of the spinal cord, originated.—*Med. Times and Gazette*.

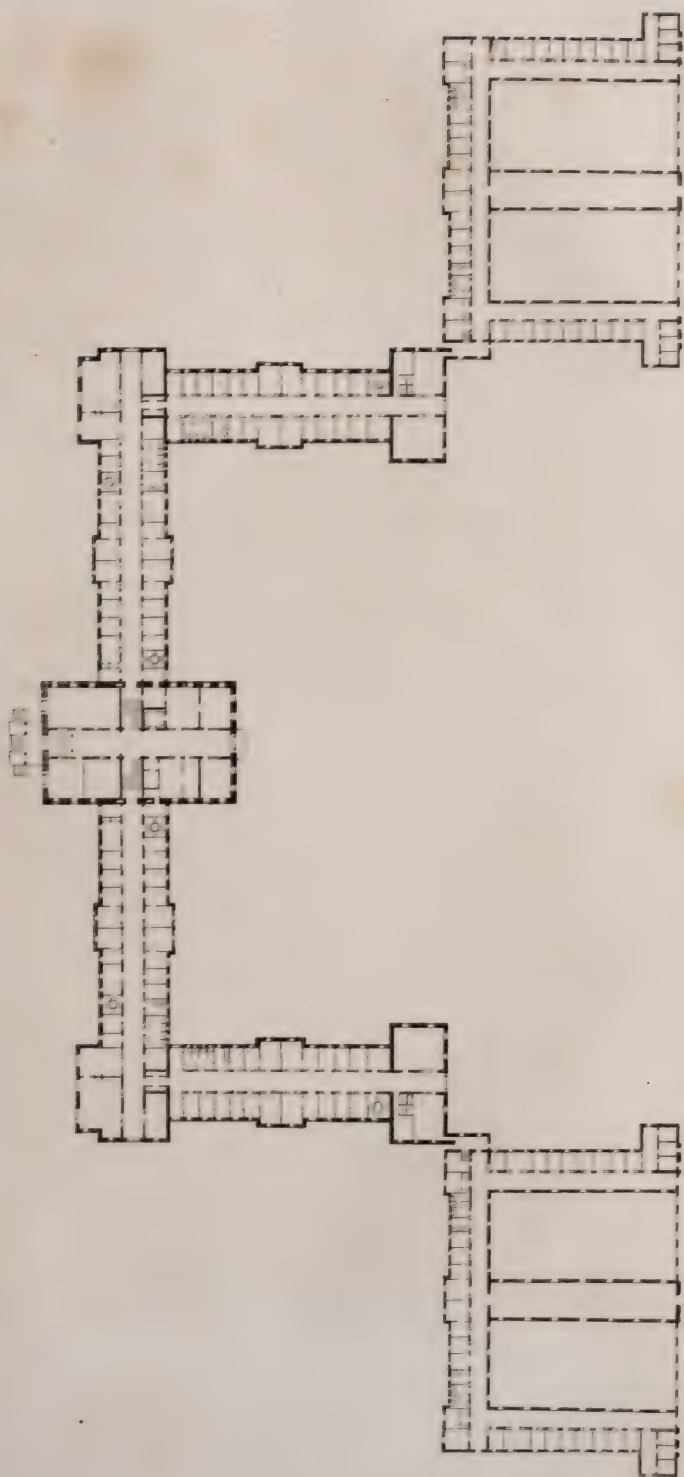
DEATH OF MORTIMER G. PORTER, M. D.—Dr. Porter was a native of Skaneateles, Onondaga Co. N. Y. He was a graduate of the *Buffalo Medical College* at the session of 1849-50. After receiving his degree, Dr. Porter became one of the Assistant Physicians to the New York State Lunatic Asylum, where he remained several years. On leaving the Asylum he located in New York, and entered upon the practice of his profession. He contracted fever in his practice, of which he died at the early age of 37.—*Am. Medical Times*, Dec. 5.

*Vol. iv. of the *Transactions*, p. 27.



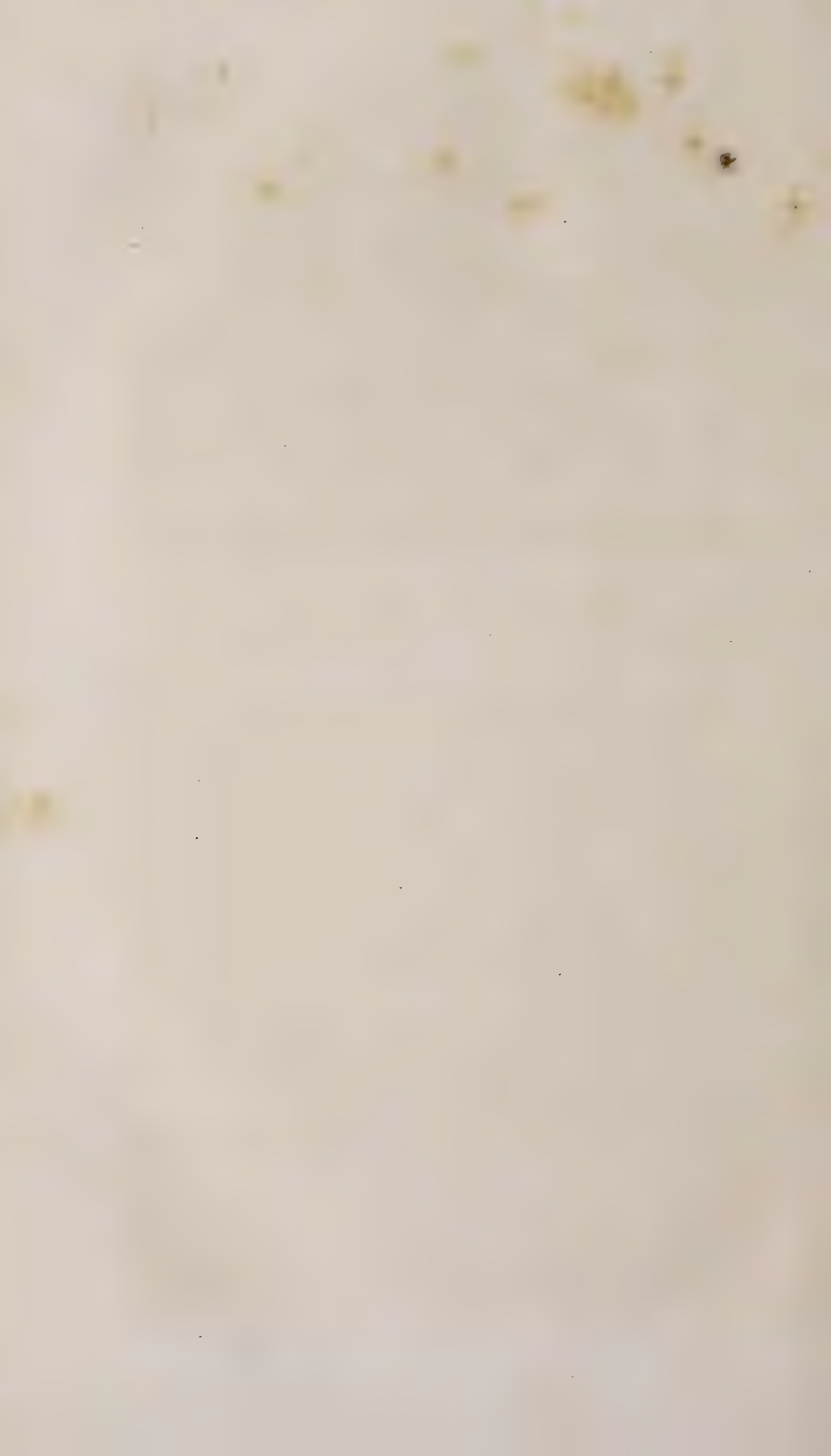
THE UNIVERSITY OF MICHIGAN LAW SCHOOL, DETROIT, MICHIGAN

DESIGNED BY HENRY H. HARRIS



PLAN OF THE BIRMINGHAM OFFICIALS' RESIDENCE

THE BIRMINGHAM OFFICIALS' RESIDENCE



AMERICAN JOURNAL OF INSANITY.

Vol. XX.

UTICA, APRIL, 1864.

No. 4.

ON SUICIDE:

A LECTURE DELIVERED BEFORE THE STUDENTS OF COLUMBIA COLLEGE.

BY JOHN ORDRONAU, M. D.,

PROFESSOR OF MEDICAL JURISPRUDENCE.

GENTLEMEN: The connection between mental and physical phenomena—their mutual relation and inter-dependence, and the influence, whether single or joint, exercised by them upon the moral affections, renders it necessary to investigate all problems relating to the passions, by the light of physiology, as well as of ethics. Human conduct is not always the exponent of human character; it is not always, even, the reflection of human reason, because reason and action are not necessarily related, nor do they invariably stand in the order of cause and effect to each other. Original instincts, however much they may be modified by intellectual culture, or repressed by circumstances forbidding their expression, are rarely, if ever, entirely eradicated. “Nature,” says Bacon, “is often hidden, sometimes overcome, seldom extinguished. Force maketh nature more violent in return; doctrine and discourse maketh nature less importune, but custom only doth alter and subdue nature.” Instincts, therefore, are the instruments by which the great and ever-controlling laws of self-preservation and perpetuation, reveal their ascendancy in

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the human system. They constitute, in fact, the chief springs to action, and are, in connection with temperament, the greatest modifiers of character.

In support of this assertion may be cited the well-known laws of hereditary transmission, by whose silent, insidious and inevitable operations, ancestral instincts are bequeathed to offspring, so that, by the phenomenon of atavism, the grandsire, long forgotten, reproduces himself in form and character in the person of a second descendant, and may be said to look out of his eyes. There is this curious anomaly, however, in the transmission of moral traits, that if the parent's instincts were healthy or good, in the ethical sense, the offspring's will not necessarily be as good, while on the contrary, if bad, the child's will usually exhibit a precocious tendency to evil, in addition to the increased deformity in mental, if not physical constitution, inherited from an ill-disciplined ancestry. Thus the children of drunkards, libertines, or criminals grown old in vice, are not simply predisposed to repeat the habits of their parents, but in addition, are most usually marked with such labels of constitutional impairment as scrofula, imbecility, deafness, or idiocy. While, therefore, the morally healthy beget only negatively good offspring, the morally unhealthy, on the other hand, beget offspring actively predisposed to disease both of the mind and body; and inasmuch as the natural tendency of man is towards self-gratification and evil, and if left to his uncurbed instincts he becomes selfish and brutal, so it is only by guiding those instincts in conformity to the teachings of the moral law, that the true intent of our creation can best be answered.

In either extreme of asceticism or sensuality, man alike offends against Nature's laws, nor does she fail to brand him, or his offspring, with the unmistakable signs of her high displeasure. Happiness, too, is so indissolubly associated with a harmonious cultivation of these laws, that it is never found outside of their circle. *Point de bonheur pour l'homme en dehors des lois de sa constitution*, is the saying of one of the wisest of modern philosophers; and as the expression of a

self-evident truth deserves a high place in the Book of Wisdom. Of one thing we may be sure: that every life is so inwoven into the grand fabric of social order and morality, as to be unable to divorce itself, at will, from the consequences of its own conduct. It is both self-compelled, as well as compelling, and will in time succumb to whatever influences it has most sedulously cultivated. If good, then by affiliation with all good things around, we are drawn upwards, out of the grovelling instincts that inurn us, and into a more perfect being: if bad, then we float upon a Stygian lake, dwarfed in our nature, and deformed; a sort of moral Dagon, with only half the attributes of manhood. And, in proportion as these self-generated, poisonous influences, assail our mental or moral nature, will they degrade our humanity, lower our self-respect, debase our aspirations, and obscure our conceptions of duty.

The act of suicide, or self-murder, (*suum caedes*,) termed at common law, felony against one's own person, is a very striking manifestation of a mental condition which, although in palpable violation of natural instincts, and in complete divergence from that of the majority of mankind, is yet, not necessarily a condition of disease. The fact of suicide should not *per se* be accepted as *prima facie* evidence of insanity; because, it is not always preceded, or accompanied by such manifestations of intellectual impairment as constitute the generally-received symptoms of this disorder. We can imagine, it is true, the possibility of a mental disease so delicate and shadowy in its various stages of incubation, as to elude the eye of the most prying investigator, until it perfects its development in one single, explosive act, destroying its victim. The delirium of fever, suddenly terminating in suicide, without any premonitory tendency to awaken suspicion, is a good illustration of this. All delirious patients do not attempt suicide, or even desire to; and the question may therefore be asked, when, and after having passed through what stages of delirium, the suicidal tendency first develops itself? Is it consentaneous with the act, or does it precede it long enough to be made the subject of thought and meditation?

These self-raised questions of the imagination, while they serve to afford conjectures, and to gratify mental vanity, by attempting to synthetize acts which we can not analyze, should never be allowed to usurp the place of principles; for these rest upon proofs, and are susceptible of demonstration at all times; those are founded upon hypothesis, and furnish us no indubitable conclusions. It is best therefore to consider suicide as subject to the ordinary laws of causation, and to explain it by no other reasons or motives than we can take cognizance of and logically investigate. Wherever else beyond this we venture, we shall only find ourselves roaming in a region of mist and rolling clouds.

In all ages suicide has been made the subject of philosophic and speculative investigation; and in all ages men have disputed, and divided themselves upon the question of its originating cause, no less than upon that of its innocence or criminality. Some have even gone further, and argued for its justification. So far as the sources of its origin are concerned, this problem has shared the fate of all investigations in the domain of mental pathology; and has been consequently enveloped in a haze of mysticism, where positive reason gave way to conjecture, and idle conceits, founded in popular prejudices, have usurped, even in the greatest minds, the place of rational deductions. Thus the error of the philosophic Montesquieu in ascribing to the *climate* of Great Britain the frequency of suicide, has been constantly repeated and perpetuated, until the world has long since come to regard England as the classic land of suicide. And even the poet Young, who should have known better, bewails this national proclivity in his Night Thoughts, exclaiming,

—— Oh Britain! *infamous* for suicide!

As a fact, Montesquieu committed two grave errors in his statement; the first as to the tendency to suicide; and the second as to the part played by the climate in its production. Statistics conclusively show that, with a more brilliant and sunny clime, and more national gaiety of nature, the population of France far over-peers England in the annual rate of its

suicides. Nowhere is suicide more common, nowhere has it assumed such gigantic proportions in mortuary tables as in France.* The inference is unavoidable. Climate has no direct part in its production; or, if it has, then dull and gloomy weather rather retards than accelerates its development; for, as recorded facts show, suicides are most common in the months of May and June—the season of buds and blossoms, and when all nature smiles; and least common in November and December, when sombre hues, stark, leafless trees and leaden skies, sadden the landscape. Thus error, long chaining the human mind in self-imposed fetters, is giving way before the torch of science, and popular prejudices are being dispelled under our new dispensation, precisely as in the gorgeous fresco of Guido, in the Vatican, the shades of Chaos and ancient Night are seen flying before the approaching chariot of the Sun.

It is difficult to consider the subject of suicide at any length, without envisaging more or less its ethical aspects, and were we not limited to the hour before us, or could our tastes alone be consulted, this side of the question would, of itself, justify an extended commentary, and amply repay us for investigating it. Nevertheless, we can not even cursorily review its history, or follow the increasing progress which it has made with civilization—keeping pace in a singular parallelism with the development of the human mind—we can not even scan it this much without touching somewhat upon its moral aspects. To ignore these would be to condemn the legislation both of church and state as puerile and mischievous; and to throw open the doors to materialism and irreligion. The part it has played in ancient, dogmatic philosophy; the consideration it has received by the greatest minds of antiquity, both Christian as well as Pagan—the Fathers themselves not excepted, requires of us in passing some little notice and attention. That which Cato, Seneca, Plato,

* Guerry, *Essai sur la statistique morale de la France*—where it is shown that the number of suicides increases in proportion as we approach Paris or Marseilles. Query.—Is there not a moral contagion born of gregariousness?

Epicurus, Epictetus and Cicero have so eloquently dilated upon, and at such great length; that which held captive the educated mind of Greece and Rome, and caused men to seek death with a composure rarely equalled by those living under the superior light of Revelation; that which even the Fathers, Porphyry, St. Augustine and St. Chrysostom deemed worthy of attack by their inspired pens, can not have been a mere social trifle, airy and inconsequential, but something of sufficient moment to the eternal welfare of the race, to enlist their keenest zeal in its discussion.

Suicide was at one time, *par excellence*, the Roman death; the cheap, ever ready viaticum through whose instrumentality the weary, sated, debauchee, losing the support of royal patronage and favor; the disappointed politician who had failed to carry his point in the Comitia; or the unsuccessful general who had forfeited the Senate's favor, might each and all escape dishonor, or a violent death. Whether believing or not, in the soul's immortality, this mode of easy transit from life to death was looked upon as a sure and immediate relief from persecution and opprobrium. As life without honor has ever been considered valueless, so the Roman, losing his former distinction, whether social, whether political, thought that it became him to die, rather than endure the mortification of wounded pride. And so generally was this conviction engrafted upon the popular sentiment of the day, that even legislators were found proclaiming the stoical doctrine of "*Mori licet cui vivere non placet.*" Monstrous as was this doctrine, it did not lack converts or defenders, and so common was suicide, so fashionable among all classes, under the most trivial and insignificant trials, that Martial condemns it in one of his epigrams as essentially *vulgar* and undignified.

"Rebus in adversis facile est contemnere vitam;
Fortius ille facit, qui misere esse potest."

The moral idea of suicide inculcated by the Platonic philosophy was that of an act of relative, not absolute, wrong. Life being intended by the Creator as a *good* to man, all its conditions, according to the stoics, should act as harmonious

instruments to this end. Whatever is done, or sought for, however remotely, is desired as a good: all action has, properly, no other end than this. It is the sum and substance, the alpha and omega of life, and the moving consideration in every effort. *Quidquid petitur, petitur sub specie boni.* Whenever, therefore, any impediment to this end exists, of a permanent and incurable character, the object of life is frustrated, and its individual possessor freed from the obligation of continuing an existence which, like a broken instrument, can no longer accomplish the purpose of its creation. In other words the obligation to live ceases with the pleasure of living. Accordingly, under misfortune, poverty, or disgrace, it was lawful for the sufferer to take his own life, as being to him practically valueless. But if the suicide arose from timidity, then and then only was it wrong. "He is a coward," says Seneca, "who dies rather than suffer; he is a fool who lives for the sake of suffering." (Ep. lviii.) Even here, however, the wrong was not esteemed a *malum in se*, a violation of the Divine law, but simply a wrong to the state, which thereby lost a citizen and defender of its soil.

The disciples of Carneades, or as they are termed the Neoplatonists, carried this doctrine much farther, while the philosophic Seneca is its open and avowed panegyrist. His epistles are thoroughly tinctured with the spirit of the new-Academicians, and he glorifies suicide as one of the beneficent means granted us by the Deity to abridge our sufferings. It is not surprising, therefore, to find him uttering the following language: "*Dicam quod sentiam; fortiores eum esse qui in ipsa morte est, quam qui circa mortem est. Mors enim admota etiam imperitis animum dedit, non vitandi inevitabilia. At illa, quae in propinquo tantum est utique ventura, desiderat lentam animi firmitatem, quae est rarior nec potest nisi a sapiente praestari.*" (Ep. xxx.) Cicero was a disciple of this school, and in his letters to Atticus and other friends, often counsels with them upon the expediency of suicide. The well known pusillanimity of character exhibited by Tully, negatives all presumption that he ever contemplated self-destruction, and his lucubrations upon it are more in the

nature of rhetorical compositions, than of earnest meditations upon its applicability to his own case. The conference between Brutus and Cassius on the eve of the battle of Philippi, as related by Plutarch in his life of the former, furnishes us with a very thorough exposé of the Neo-Academic doctrines upon the subject of suicide. Having cast their all upon the fate of the morrow, they both agreed that the loss of the battle should be construed into a disapprobation of the Dea Victrix, whose enmity to them, as shown by such a disaster, they could never hope to escape upon earth; and therefore, that it became them to die by their own hands rather than grace the triumph of their conqueror. The sequel is known. The "last of the Romans" fell by his own hands, a consistent martyr to the philosophy of Zeno.

It was precisely the same train of argument which led the unrelenting Cato, whose death even Cæsar envied, and Horace pronounced noble, to seal his doom with his own hands. Despising the proffered clemency of Cæsar, whom, perhaps, he knew too well to confide in; and true to the teachings of the Academy, he resolutely embraced death as the last avenue of escape from disgrace. Addison, in his tragedy of Cato, has pronounced, in the soliloquy of the dying hero, one of the most magnificent apostrophes to the soul, and one of the most truthful unfoldings of the "divine philosophy" of Plato, which has ever been penned. No poet either ancient or modern has ever risen to sublimer heights of ideality, or painted, as with the searching impress of the sunbeam, the inner chambers of our immortal being. The whole scene is typical of the departure of a hero from the battle-field of life. Misguided he doubtless was by a philosophy so specious and captivating, as to have transfused its esoteric influences throughout his spiritual nature, so that mind and soul were alike infected by the dews of its leprous distilment. He worshipped the "idol of the tribe" to which he belonged—bowed himself to its stern teachings, and poured upon its altar the rich libation of his own blood. Unvanquished, unmoved—without a doubt, he passed out of this sublunary cloud-land with true Homeric grandeur:

"Like one, who, dying vanquished on the field,
With rebel will, writes Victory on his shield."

The great censor having first taken leave of his friends, and retired to the privacy of his own tent, there soliloquizes upon the longings of the spirit, expressing his convictions of the hopefulness of death, and the speedy benefit to the soul which is to follow its disenthralment from the body.

"It must be so—Plato thou reasonest well.
Else whence this pleasing Hope—this fond desire—
This longing after immortality?
Or whence this secret dread and inward horror
Of falling into naught? Why shrinks the soul
Back on herself, and startles at destruction?
'T is the Divinity that stirs within us—
'T is Heaven itself that points out an hereafter,
And intimates eternity to man!
Eternity—thou pleasing, dreadful thought!
Through what variety of untried being,
Through what new scenes and changes must we pass?
The wide, th' unbounded prospect lies before me—
But shadows, clouds and darkness rest upon it.
Here will I hold. If there 's a power above us—
(And that there is, all Nature cries aloud
Through all her works) he must delight in virtue.
And that which he delights in, must be happy.
But when—or where? This world was made for Cæsar.
I'm weary of conjectures. This must end 'em. (Stabs himself.)

* * * * *

Thus am I doubly armed—my death and life—
My bane and antidote are both before me.
This, in a moment, brings me to an end.
But *this*, informs me, *I shall never die!*
The soul, secured in her existence, smiles
At the drawn dagger, and defies its point.
The stars shall fade away—the sun himself
Grow dim with age, and nature sink in years.
But thou shalt flourish in immortal youth,
Unhurt amidst the war of elements,
The wrecks of matter, and the crush of worlds."

In the midst of the terrible fascination of the doctrine of suicide as accepted and practiced by the great minds of antiquity, it is refreshing to behold true moral sentiment still opposing itself to the encroachments of this philosophic delu-

sion. If Plato and Seneca are its advocates and apologists, Pythagoras, Socrates, Plotinus and Macrobius are its antagonists, and fearless assailants. Among the Fathers of the Church there is unanimity in its condemnation, although Ambrose, Jerome and Chrysostom are disposed to excuse it in the single instance of threatened chastity, and therefore praise the conduct of certain saintly women of Antioch, who threw themselves from lofty places in order to escape dishonor. St. Augustine, with a sturdier and more uncompromising nature, makes no exception even in favor of these female saints, but condemns their conduct as reprehensible. And in one of his epistles to Dulcitium disposes of the whole subject in one line, pregnant with practical significance. "*Qui sibi nequeat, cui bonus?*" Bishop Warburton, in his Divine Legation, has examined the doctrine of suicide as obtaining among the ancients, at great length, and has even criticised the death of Samson, as in some degree criminal. But his criticism in this respect has with great propriety been dissented from by all subsequent ethical writers. As between the strong man of Gaza and King Ahithophel, all moralists are agreed in considering the latter only as the true, sinful suicide; while the former, in compassing his own destruction, in order to exterminate the Philistines, was doing what he conceived to be God's will, and his duty to his country. Samson was no more a suicide than the soldier who stands his ground on the battle-field, knowing all the time that death is hovering about him. And, although he may be said to incur its risk, he can not be charged with inviting its assault. But in the case of Ahithophel the Scriptures describe the act as done with coolness and premeditation. "And when Ahithophel saw that his counsel was not followed, he saddled his ass, and arose and gat him home to his house, to his city, and put his household in order and hanged himself and died, and was buried in the sepulchre of his father." (2 Sam. xvii. 23.) This, one of the most cowardly of suicides, was the offspring of wounded pride and mortification; and that of King Saul, who, sorely wounded on the bloody field of Gilboa, and with only a few hours to live, yet threw him-

self upon his sword, in order that the "uncircumcised might not thrust him through nor *abuse* him," (1 Sam. xxxi. 4,) was an act of disgraceful pusillanimity. The traitor Judas can hardly be viewed in the light of an ordinary suicide, for the imperative of self-destruction appears to have been put upon him from the very moment of his betrayal of our Lord, in fulfilment of prophecy contained in the Psalms. (lxix. 28; cix, 7, 8.)

Under the rationalistic tendencies of pagan philosophy, it is not surprising that suicide should have been elevated to the dignity almost of one of the Fine Arts, and placed among those accomplishments which only the wealthy, the educated and the refined had a right to aspire to. The poor Parthian, dragged from the shores of the Palus Mœotis to grace the triumph of a Roman consul, and compelled as a Gladiator to sacrifice his life for the entertainment of a blood-thirsty populace, exhibits more true courage than does the morbid philosopher who, opening the veins in his ankles, allows life to ebb away, in the midst of applauding friends and flatterers, while he is discoursing upon "fixed fate, free-will, foreknowledge absolute." The one knew that captivity inevitably doomed him to die as a prey to wild beasts; and his *moriturus te salutat* addressed to the presiding Cæsar tells but too well the convictions of his mind. Yet he struggles manfully, heroically against his doom, for little does it matter that he should bend the knee, or raise the hand of supplication before that iron face, which Moloch-like looks all unmoved upon his bitter throes; and hence he dies, disputing every inch of life, and only when failing strength enables him to resist no longer. Such is human nature everywhere, when unmodified by education, social position, or conventional tyranny. Love of life is inherent in all creatures. It is man alone, the divinely intelligent being, made in the image of his Creator, and looking of right to a future of immortality, who violates this canon of nature. And how much of this forgetfulness of duty to God, is due to contact with such sources of social contamination as exist only in civilized life, and how much these sources of woes innumerable tend to increase, as statis-

tics inferentially prove, it will be my purpose and aim to endeavor to explain. In doing this we shall constantly be met by those obstacles to precise investigation which ever lie in the pathway of psychological inquiries. It is vain to attempt to unravel all the threads of human conduct, nor, while living on "this isthmus of a middle state," did the Creator intend that we should track knowledge through her secret lodes up to her infinite sources. For, the essence of men's motives, whatever those motives may be, is a quality, or condition of their spirituality, far too subtle for human reason to penetrate. Providence alone can read the secret springs that underlie men's actions. Let it suffice for us to paint those actions as they appear at the surface, nor impiously seek to penetrate within the innermost recesses of the soul.

Suicide, when considered as a disease of our mental nature, may be classified into two divisions. The first, or involuntary kind, being that which springs from maniacal impulse, as in the delirium of fever; the second, such as is the offspring of delusion, either suddenly, and without premonitory symptoms, driving its victim to an untoward end; or such as results from habitual premeditation upon the subject, indicating a long incubation of the malady. For obvious reasons it will be seen that acute, or sudden suicide, born of the delirium of fever, or even mania, presents but a small field for observation or study. Suddenly developed, suddenly accomplishing its fatal mission, the act has not yet sufficiently acquired the character of a tendency or propensity to make its cause the subject of profitable investigation. Why one man in a delirium should be profane or obscene, or why another should leap from a house-top, or into a river, are incidents in mental derangement which no philosophy can explain. The very suddenness of the act takes it out of the category of a human judgment deduced from antecedent reflection, and we are compelled to confess our ignorance of the secret cause which gives the suicidal bent to one delirious patient, and the tendency to profanity to another. To know more we must first be more, for there are limits to human knowledge in all

directions, and he who pursues any subject to its postulates will find that, sooner or later, all things go out into mystery.

It is, therefore, only with suicide resulting from a chronic tendency, a long premeditation, a well marked propensity, ascribable either to hereditary transmission, or to an acquired disposition, that we can satisfactorily occupy ourselves during this short hour. And, inasmuch as you are not interested in the therapeutics of insanity, but limit yourselves alone to its causes, and the detection of their results, we need not pause to consider symptoms with relation either to their duration or prognosis. The mental condition which is here designed to be brought under the light of investigation is, outside even of pathological indications, within the legitimate scope of your inquiries; and as both the canon and the statute law have made it a subject of legislation, we can not well exclude it from the purview of our course of study.

Observations show that the question of temperament enters quite extensively into the problem of suicide. While the sanguine and plethoric are predisposed to diseases of accelerated circulation, like mania, and may, and often do commit acts of sudden frenzy, either against others, or themselves, the nervous, bilious, and lymphatic temperaments are those in whom the predisposition to suicide most usually assumes the chronic and inveterate form. In them the morbid tendency seems easily awakened and of difficult eradication; and when slumbering as a predisposition, hereditarily transmitted, requires but a slight exciting cause to develop itself, into the full-blown malady. So potent in fact is the influence of hereditary transmission in the production of suicide, that not less than *one-sixth* of all recorded cases have been directly traced to this source. In the majority of cases of suicide among children, and where the mind can not be supposed sufficiently mature to be acted upon by remorse, despair, overpowering anguish or any of the depressing passions which, later in life, rule it with such tyrannical sway, to what cause so much as hereditary transmission can we ascribe the predisposition to the dismal act? Is it at all likely that the mind of childhood, not yet competent to deal with the

simplest problems of elementary investigation, can yet dispose of and put aside the greater law of self-love, and successfully resist its strong instincts which, at this golden season make life particularly enchanting? To admit this as possible, is to accord to immaturity a power of ratiocination belonging only to adult age. Difficult as it doubtless is to fathom the depths of the human heart, and profitless to speculate upon what we know is inexplicable, it is charity to believe that the pure heart of infancy can yield to the temptation of suicide only because hereditarily predisposed to it, and thus weakened in that love of life originally implanted in every human bosom. We can conceive that, in children, the power of such a predisposition may rise almost to the imperious character of an instinct, and act antecedent to all operations of reason.

Nervous temperaments, as a general rule, are those upon which the law of hereditary transmission most deeply impresses its seal; and when a child of this organization inherits the suicidal predisposition, he becomes doubly exposed to the chances of repeating the final act of his ancestor. Thus it would seem that in each human being there is a quasi-abridgment of moral freedom, founded upon inherited tendencies, which, throughout life pursue him with more or less vigor, more or less success, according as he early and persistently combats their insidious influences. The dictator behind every variety of human character may be the temperament, or not, just as sages and sophists dispute; but the existence and power of that sleepless master none can deny. Wherever we go and whatever we do, he shares and colors both thought and act as a part of our inner nature; nor can we free ourselves from him—any more than the journeying earth from its enveloping atmosphere—while we are enclosed within “this muddy vesture of decay.” So subtle, however, is the dire tendency to evil, which thus enslaves the mind from earliest age, and leads it to suicide, that seldom does any thing externally indicate its existence, or prepare us by anticipation for its discovery in childhood. And, in the absence of all knowledge of a person’s ancestry, it is impossible to conjecture from any physical traits revealed through, either the

shape or size of the head—the physiognomy—or the condition of the large organs—whether or not this morbid imminence be slumbering in him.

The next form of suicidal tendency which presents itself to our observation is that of the *self-generated* or *acquired*, the result of depravation of the intellectual faculties. This depravation may manifest itself chiefly as a monomania, not constantly present, but having its periods of afflux and reflux, during which it subsides into the form simply of exaggerated eccentricity. In reality, however, exaggerated eccentricity is not compatible with perfect mental health, any more than scrofula is with perfect physical health. In the case of the latter we know as a fact, that its subject, although able to eat, sleep and digest, is still under the permanent influence of a constitutionally-disturbing cause. The edifice may crumble in a moment from weakness within, however much its external appearance may indicate harmony of proportion and architectural completeness; for, its foundation is of sand, or porous material, void of cohesive attraction and force. In the mind, in like manner, manifestations of exaggerated eccentricity are always to be looked upon with suspicion. They may not actually indicate present insanity, but they always do its impending approach, and constitute in fact its earliest exponents. They show very plainly that the coördinating faculty which bridges the space between reflection and the will is weakened; that reason and unreason are assuming a similar complexion to the eye of the mind, and that it is permitting itself to walk indifferently, and in public, with either, through a gradual lowering of its self-conscious dignity. It is like that of a master falling from the fellowship of his own high caste to that of the menials about him. To the majority of men the person may and does appear sane enough, may faithfully and cautiously transact his business, make shrewd bargains and the like, and yet to his family, and those who know him best, present certain indications of mental obliquity which are just noticeable enough to excite remark, without at the same time awakening apprehension. His character has undergone some visible change; a species

of typhus seems to attack it periodically, so that he wraps himself up in a mantle of introspection, which temporarily withers all the rootlets of sympathy by which he is united to others. Oblivious of all external relations he passes these seasons of mental eclipse concentrated within himself, and whether sitting moodily in doors, or wandering abroad in aimless directions, he is still engaged in consuming his own heart:

"He makes his heart a prey to black despair;
 * * * * has no use
 Of any thing but thought; or if he talks,
 'T is to himself."

It is because melancholia is generally of a remittent character, that it so often creeps on unobserved, or unduly appreciated in its consequences by those around. It is, in fact, so difficult for us to conceive of mental infirmity unassociated with strong manifestations of aberration, that, as in the case of relatives, whom we do not wish to believe are so, we often overlook slight symptoms, although reason may all the while be warning us that something unusual is going on, and their very actions indicate a change in their former modes of thought, conduct and feeling. But shutting our eyes against a truth does not necessarily destroy its existence. It still remains cogent as ever to rebuke the unbeliever. And when, in particular, that truth concerns mental health, then, those whose duty it was to sound the first note of alarm on discovering its impairment, have much to answer for by their neglect. In the majority of instances full and ample warning is given of the tendency to suicide, not always *eo nomine*, but by those moody, melancholy fits, and that periodic abstraction of manner, transcending in duration and intensity all mere ordinary self-introspection, which regularly attacks its subject, without apparent adequate cause. In a state of perfect mental health a person absorbed however deeply in reflection, may be easily roused, precisely as from sleep, by a slight disturbing cause; and in order to resume his previous condition must make a deliberate effort. But in self-abstraction, indicating disease, the fetters of the mind are with difficulty sun-

dered, and no sooner is the subject left to himself than he forges them anew, resisting all attempts made to free him from the enveloping enchantment. Neither persuasion, nor prayers, bribes nor threats can move his stern impassiveness, or melt the rigid features into which his mind has petrified itself. He is, as it were, in the palace of an enchantress, and debarred all communion and sympathy with mortals outside. Such is the baleful spell which the malignant breath of melancholy casts over the human mind. Let the first signals of its approach never be disregarded, for they are always evidence of great disturbances in the intellectual centres.

But the immediate psychological causes to which the suicidal tendency can most justly be ascribed, are to be found in exaggerations either of the *expansive* or *depressive* passions. In the former category are love, joy, ambition; in the latter, grief, fear, envy and hatred, terminating in remorse and despair. As will naturally be inferred, the noble, or expansive passions do not commonly lead men to self-destruction; and statistics accordingly show that few, very few suicides are ascribable to their influence. Where one suicide springs from sudden joy, or suddenly gratified ambition, fifty spring from grief, fear, remorse, or despair. For, as our intuitions teach us, the noble passions were bestowed to lift mankind out of animal nature, and to lead them into that higher sphere of intellectual excellence, which gives a foretaste of the divinity that stirs within us. Our dual existence tends naturally to gravitate towards the earth, and to succumb to the irresistible dictation of the animal within, who is ever reasserting himself through sex and digestion. We should be dragged down into the prison-house of sense, with its foul, pestilent atmosphere, and made to reflect the quadruped attributes of its population, but for those noble compensating passions which, like Vestal virgins, tend the spiritual fires within us. We require no Socratic argument to prove the justice of an assertion, whose truth is everywhere acknowledged in the trite experience of the world. No man who has ever felt the glow and inward satisfaction of an honest ambition, when accomplishing its ends virtuously, can have

doubted the purpose for which Providence implanted this passion in our bosoms.

It is, therefore, not with the expansive, or life-sustaining, but with the depressive passions, alone, that we shall have to concern ourselves, in considering the causes which tend to develop the fatal disposition to suicide. Starting with the moral axiom that love of life is an inherent quality of the human heart; that it subordinates all other instincts to itself, and modifies, as well as stimulates our desires in every condition of our existence, from youth to hoary age, we shall now proceed to investigate some of the more patent causes which operate to dethrone it as a ruling principle, to bring it under subjection to other and inferior passions, and lastly to extinguish it altogether.

Lord Bacon, in his *Essay on Death*, observes, "that there is no passion in the mind of man so weak but it mates and masters the fear of death; and therefore death is no such terrible enemy, when a man hath so many attendants about him that can win the combat of him. Revenge triumphs over death;—love slights it;—honor aspireth to it;—grief flieth to it;—fear preoccupieth it; nay, we read, after Otho the Emperor had slain himself, pity (which is the tenderest of affections,) provoked many to die out of mere compassion to their sovereign." These truisms, which the father of modern philosophy has so well enunciated, have been daily verified throughout the civilized world. There seems to be no circumstance too trivial to operate in some minds as an inducement to self-destruction; and very often the suicide arises more from a blind spirit of imitation than from any ingenerate cause. Indeed, the general law regulating the spread of epidemics, has in many instances been noticed in connection with this tendency. And, by a species of moral contagion, the act has again and again been repeated, by those, between whom there had previously existed neither sympathy nor acquaintance, and who, consequently, could not be suspected of having been influenced by any common cause, outside of the spirit of imitation. But, it remains to be seen whether the depressing passions, as incentives to sui-

cide, are intensified, or not, in their action, by conditions of the human mind existing within the circle of mental health, or whether they are the reflection, only, of disordered intelligence expressing itself through the single act of self-murder.

It is now generally recognized that the progress of civilization is every where accompanied by an increase in the number of the insane. Whether this be an absolute fact, or the result merely of better statistical tables than were formerly kept, is a question still open to discussion. And it must be admitted at the outset that enough weight is not usually given to this circumstance, in forming estimates of the relative progress of diseases in ancient and modern times. We are not of those who embrace the popular superstition that the human system has radically changed its physiology since the infancy of our race. The same constitution of the blood has always obtained; the same pressure of the atmosphere has regulated the law of endosmosis, and the equilibrium of fluids; the period of gestation, the amount of sleep or food necessary have never changed from the first. The system has always responded to, and been influenced by the same stimuli; and when these have been in excess, their disturbing effects upon the various organs receiving their impressions, have been analogous at all times. Prolonged exaggeration of the emotions, or sudden and intense impressions upon the organ of the mind, have disturbed and will continue to disturb the intellectual faculties, under every degree of social development. Religious lunacy has been common in all ages, and among people of every grade of advancement. And the whole Buddhist hagiology, one of the oldest systems of its kind on earth, is but a code of fanatical ordinances born of pseudo-insanity in its authors; and recommending such acts, suicide and infanticide for example, among believers, as could generally be acquiesced in only by minds more or less deprived of their reason and volition. Could we be furnished with accurate annual statistics of the religiously insane, or the suicides committed among the Hindoos, Chinese and Japanese; and could those statistics extend in retrospect over five centuries, and bear date with the beginning of modern History,

I am inclined to think that while insanity would exhibit itself as a common disease in every age and condition of life, its march would be found not to be *pari passu* with the progress of civilization, being doubtless related to it, but not immediately dependent upon it.

Yet, there is an undeniable connection between civilization and mental unsoundness, if not an interdependence; and the difficulty of explaining the problem arises from the multifarious character of its elements. For, if civilization implies development and progress in intelligence, morality, and the dissemination of a state of greater social comfort, it will be difficult to admit upon general principles, that mental unsoundness can be the natural and necessary consequence of mental development. Or if we assert in brief that civilization tends to produce undue activity of the brain, in all who share its influences, and that disease follows as a physical corollary, we shall be answered by statistics* showing that *farmers and*

* The following statistics, selected from M. Cazauvieilh's work on Suicide, (p. 82,) will exhibit the enigmatical character of the problem we are here discussing. It is only charity to believe that two-thirds of these persons were insane.

Shepherds,.....	15	Bankers and Wholesale Merchants, 15	
Coal-Burners and Wood-Choppers,....	5	Retail Dealers,.....	73
Agriculturalists,.....	467	Clerks and Small Dealers, &c.,.....	24
Miners,.....	43	Messengers, Porters, &c.,.....	13
Workmen in Wood, (Coopers, Carpen- ters, &c.,.....)	84	Boatmen, Fishermen,.....	13
Workmen in Leather and Skins,....	23	Coachmen, Teamsters, &c.,.....	28
Shoemakers,.....	46	Publicans, Cooks, Stewards, &c.,....	37
Workmen in Iron and other metals, 57		House Servants,.....	68
“ “ Linen, Cotton, Silk, &c., 104		Artists, Painters, Musicians, Drama tists,.....	3
“ “ Stone—Masons, &c.,... 45		Clerks and Scriveners,.....	9
“ “ Chemical Products, } .14		Students,.....	8
“ “ Earth, Pottery, } .14		Public Functionaries,.....	36
“ “ Glass and Painters, } .14		Professors and Instructors,.....	16
Bakers and Pastry Cooks,.....	14	Military men,.....	188
Butchers,....	12	Living on their own Income,....	150
Millers,.....	20	Lawyers, Physicians, Priests, Nuns and Druggists,.....	43
Hatters,.....	4	Without Profession,.....	311
Barbers,.....	9	Mendicants,.....	28
Tailors, Upholsterers, &c., } .88			
Laundresses, Milliners, &c., }			
Peddlers,.....	6		

2,019

handicraftsmen, who certainly represent the minimum of necessitated mental activity, are yet those who furnish the largest contribution to the population of lunatic asylums. But in speaking of civilization, we must remember that we speak of a complex cause, capable of acting upon the intelligence through a variety of channels, and thus impressing upon it a predisposition to disorder, which, if not counteracted by continuous and antagonizing efforts, eventually explodes into a positive manifestation. It is from the persistent application of one class of stimuli, addressed exclusively to the emotions, or the intelligence, that dangers to the integrity of the mental functions arise. And because in civilized life, the attitude of man to his brother is that of a competitor and rival whom he must distance, or be distanced by, in the race for bread and superiority, it follows that each, obeying the law of organization which tyrannically assigns him his character, falls into the exclusive cultivation of those faculties that are of dominant assertion. By a species of intuition he feels that these are for him the sole instruments of victory; and though he have no higher motive than the gratification of pride, or imagination, or disordered ambition, he will continue to concentrate his whole being upon their exercise, until the harmony of the mental or the moral faculties is destroyed, and a state of ever present exaltation invites

SUICIDES IN FRANCE IN 1836.	
January,.....	156
February,.....	165
March,.....	205
	<hr/>
	526
April,.....	193
May,.....	249
June,.....	261
	<hr/>
	703
July,.....	283
August,.....	209
September,.....	161
	<hr/>
	653

October,.....	182
November,.....	146
December,.....	130
	<hr/>
	458
METHODS OF SUICIDE.	
Strangulation,.....	701
Falling from heights, and drowning,	783
Fire-arms,.....	223
Poison,.....	51
Cutting Instruments,.....	75
Asphyxia from Coal Gas,.....	178
Starvation, Torture, &c.,.....	294
	<hr/>
	2,505

the assaults of disease. Dr. Tuke, in his philosophical treatise on Psychological Medicine, develops these ideas with the ready pen of a master, in the following words :

“ Civilization, with its attendant knowledge and education, creates social conditions, and offers prizes dependent solely upon intense intellectual competition, unparalleled in any former age, and of course unknown among barbarous nations, which of necessity involve *risks* (to employ no stronger term,) which otherwise would not have existed.” (p. 35.)

And again proceeding with this idea, he thus qualifies his language :

“ To speak of civilization and the overtaking of the intellectual powers as synonymous, is incorrect, and has often led to confusion as to the real question at issue. Civilization involves the overtaking of the emotions, as well as, and sometimes independently of the intellectual powers.” (p. 37.)

It is more than all, therefore, to the higher development and the increased susceptibility of the emotions, in an advanced state of civilization, that we must attribute those sympathetic disturbances in the latter. In fact, all the productions of the Fine Arts, whether in poetry, sculpture, music, painting, or the drama, may be ranked among the emotional stimuli. And the rising flood of admiration—the consensual intuition of the good, the true and the beautiful—reaching often to the glow of an inspiration—which they awaken, as by electrical impulse, in an audience of thousands, as easily as in a single individual, shows that they appeal to a common sentiment in our humanity, which is antecedent to all intellectual processes. Art, as the royal fruit of civilization, is the alcohol of the emotions, which, like its physical antitype, tempts us to partake, in excess, of its nepenthean draughts, until all forms of practical life become vapid and unsatisfactory. It is both angel and devil. A blessing in itself, it may be converted into a curse, according as we use it, and thus produce the direst forms of ennui and satiety, to poison that existence which it was intended to strengthen and spiritualize. Nothing short of these possible effects of its perversion, will explain the *tedium vitæ* so commonly

found among the higher and unemployed classes of society, where mental activity, and an intimate relation to all present circumstances of public enterprise—church-building, hospital-visiting, school-founding, town-government, roads, bridges, travelling and postal facilities, are subordinated to the single pursuit of pleasure—the selfish cultivation of personal gratification, and the desire “to kill time.” Flitting from day to day upon the wings of emotion, and like Sybarites, sighing for a fresh rapture, these headlong worshippers of the Nine, forgetful that even Apollo does not keep his bow constantly bent, spend their hours in the vain pursuit of new sensations, until exhausting the measure of these, they retire to rest beneath the inevitable shades of mental as well as moral distress, a ready prey to melancholy and its black brood—since

“Absence of occupation, is not rest,

A mind that’s vacant is a mind distressed.”

The causes which tend to develop the suicidal tendency, while they are, doubtless, remotely physical in character, (as in the delirium of fever,) are for the most part to be traced to disorders of our mental or moral nature. They are the offspring of the repressive passions, long centering themselves upon one predominant idea, and thus driving the individual to seek escape from what he feels is a part of his own personality, and nothing but death can dis sever from its hold upon his being. When a man has lost all hope of freeing himself from an embittering and soul-crushing reflection, when he feels that no aid can reach him on earth, or imagines that even Heaven is conspiring for his destruction, and so, surrenders himself to the maze of delusion which is enveloping him—when any individual is in such a mental state, he is unquestionably insane; and the idea of death, like that of sleep, after the long vigils of physical suffering, is full of hope and relief. He welcomes his own end, or goes forward to meet it with joy and alacrity, hesitating only as some lingering whisper of conscience makes itself heard within his bosom. While he thus craves death, resolves upon it, and hails it as a deliverer from the passion which is consuming him, he may, and doubtless often does, linger on the confines

of reason, pausing to listen to the voice of nature within, and yet struggling all the time against it :

"Oh that this too, too solid flesh would melt,
Thaw and resolve itself into a dew, or that
The Almighty had not placed his canon 'gainst
Self-slaughter"— * * *

* * *

"To die—to sleep—and by a little sleep to say
We end the thousand heart-aches, and the natural
Shocks, that flesh is heir to."

* * *

"But the native hue of resolution is sicklied o'er
By the pale cast of thought, and enterprises of
Great pith and moment, with this regard—
Their currents turn awry."

This description of Hamlet's struggles with himself while laboring under the influence of suicidal mania, is a magnificent and most exquisitely drawn picture of the human mind when enthralled by this delusion, and we shall search authors in vain for anything approximating to it in fidelity, or force of expression. Because Hamlet was a sentimentalist, and expressed himself in the refined and glowing imagery of a scholarly mind, we must not thereby infer that other minds have not felt just as keenly, been moved as deeply, and found their last, best solace in death as happily as he did. The character of Hamlet is in many senses a representative one of that whole tribe of scholars—*genus irritabile*—whose lives are too apt to be spent amid perpetual alternations of sublimated joy or suffering. They are victims to the inevitable consequences of prolonged and exaggerated cerebral activity, such as is required for all successful achievement, at this day of meridional intellectuality, and in every province of the empire of letters, and which are discernible as well through the emotions, and very often primarily so, as through the original source of deranged innervation. We blame the *heart* of these Hamlets. We accuse it either of weakness, because it sues for sympathy, or of selfishness, because, at times, it seems repellant and self-introspective, shunning human contact and living within itself, while all the while

craving the touch of some hand which can lift the veil of its enshrouding. We pronounce rash judgments, alas, how hastily, to wound its already denuded sensibilities, forgetful that behind this poor, unthinking organ, there is a terrible dictator—the brain, which, like an electrical telegraph uniting distant parts of a continent, repeats, throughout its curious convolutions, each passing storm that touches whatever portion of its line. That this is a condition of disease we may not always be prepared to admit; but that it is one of disorder none will pretend to deny. In either case it is born of exaggerated activity in the centres of innervation, leaving behind a species of reflex oscillation which time and rest may, but do not always remove. Moreau has forcibly and lucidly described the originating cause of this state of mind in language which admits of no addition. “*Il est donc évident que dans les deux cas au moral comme au physique, la maladie naît de l'exagération de l'état physiologique; exagération qu'il n'est pas au pouvoir de l'individu d'empêcher, parcequ'elle dépend des conditions particulières de son système nerveux.*” (*Psychologie Morbide*, pp. 132–3.)

There is a type of gifted minds—precocious—all-grasping and avid of learning, ever found in combination with weak bodies, highly developed nervous systems, and a morbid sensitiveness of feeling, intensifying every impression into one of absolute pain, or exquisite pleasure. These people are, properly speaking, physical extremists, having no middle ground of indifferent sensation or appreciation, but tasting every thing through every sense, either as superlatively exquisite and pleasurable, or superlatively painful and full of foreboding. The tendency of our civilization, and the toleration evinced towards abuses of the drama and the literature of fiction, have conspired to develop, at least in cities, an excess of those nervous temperaments, which seem more like exotics than natives born to endure the stern vicissitudes of this sub-lunary life. These refined natures are so exquisitely sensitive, and responsive to all influences, that when the blight of an overpowering sorrow falls upon them, they are crushed

beyond redemption. Tortured by the retrospect of events which, from golden dreams have passed into irretrievable shadows and disappointments;—prostrated by feelings of despondency that paralyze every effort at self-recovery; and finally doubting all things, even Divine clemency and justice, these minds fall at once into an abyss of woe, so dark and so profound, that life to them seems but a prolongation of their perilous descent—a longer suspense of the bitter end which awaits them, in some lower and more dismal deep of the imagination. Hence they put aside as tasteless and unsatisfactory, all consolations of philosophy, of human sympathy, of religion. They only ask rest and respite from the fever and the worm which are consuming their hearts. Formerly, they may have wrestled with their souls, as continuously as did St. Simeon of the Pillar, “battering the gates of Heaven with storms of prayer,” and hopefully awaiting for some answer to their *Kyrie eleison!* Now, not even this hope reaches and relieves them. They are no longer themselves, having passed, as it were, out of the pale of their own personality. Nothing short of a miracle can check the murky tide which is slowly rising to swallow them; nothing short of this can snatch them from the impending jaws of insanity and suicide.

Cowper and Byron, among many others whom we could name, were excellent types of this form of morbid sensitiveness. And yet in moral character no two men could be more unlike or antipodal. Still, in both, there was a lurking and constant tendency to suicide, which, strange to say, in the Christian and believing Cowper, came near fulfilling its dire end; while in the unbelieving Byron it never rose to the degree of a positive attempt. In Cowper, it was the expression of physical suffering allied to great religious fervor, both reacting upon a finely-wrought organization, and thus developing a highly accentuated predisposition to melancholy. There was no possible escape for such a nature from its depressing attacks, and his life, in consequence, was a protracted enslavement to this embittering disorder. In Byron, it was the effect of remorse speaking through the ennui of satiety;

conscience reasserting itself against repeated smotherings, and making its still, small voice, heard in the moral wilderness of his heart. Although he refers his suffering to thinking "long and darkly"—as in *Childe-Harold*—where he exclaims,

"I have thought
Too long and darkly, till my brain became
In its own eddy boiling, and o'erwrought,
A whirling gulf of phantasy and flame:
And thus untaught in youth my heart to tame,
My springs of life were poisoned"——

Yet further on he shows us the true secret to have lain, not in the mind, but in the unbridled passions:

"Meantime I seek no sympathies, nor need—
The thorns which I have reaped are of the tree
I planted—they have torn me and I bleed;
I should have known what fruit would spring from such a seed."

As men do not reap thorns from excess, even, of intellectual labor, a very extensive contamination of the moral nature being required to produce this result, we are therefore compelled to see in these lines a melancholy confession of that harvest of sin, which the poet had reaped as the reward of a life-time of self-indulgence. But *Childe-Harold* was blessed with a better stock of physical vigor, and cultivated his animal spirits more than the melancholy author of the "Task;" and we may attribute to this, and perhaps more still, to his social habits and love of pleasure, his abstinence from any serious step in the direction of self-murder. Society is a great cultivator of the heart and affections. Even animals thrive better for being and working in company; and he who loves the communion and fellowship of his brother man, will seldom hate himself enough to become his own murderer. But, on the other hand, society, or literature of a particular kind may poison the mind, and unhinge its barriers of self-protection, so that it yields readily to the temptation to crime or suicide, according as some accidental bias inclines it. Sorrow, disappointment, wounded pride, lacerated feelings, chronic ill-health, may all conspire in even the noblest minds,

as witness Cowper, Chatterton, and Romilly, to produce the suicidal impulse.

Can you not imagine some poor, disappointed scholar or artist, with brain and nerves fevered by years of untiring lucubration; one who has lived a life of penury and self-denial, like Spinoza or Goldsmith, or some of the great Painters, who has known experimentally the influence of "malignant star," and has failed, after years of persevering endeavor, to attain some little "'coigne of vantage"—can you not imagine such a man (there are many still about you,) falling weary, heart-sick and faint by the wayside, questioning his conscience, questioning the stars, fretting his soul to ashes, in vain attempts to solve the problem of that ill-fortune which chains him down in the antechambers of success, while boor and knave are marching triumphantly on, beneath the smiles of the fickle goddess, to fame and preferment? Can you not imagine a man in these circumstances becoming sick in mind, as well as heart—turning from his fellow-men in despondency and disgust, and looking upon life only as the drag-net which confines him in servitude to this misery?

The literature of the past and present century, in the department of fiction, has, it is believed, conspired not a little to the development of that form of morbid sentimentality which often finds its appropriate culmination in either crime or suicide. For so intimate is the relation between these two that they appear to walk side by side in statistical tables, and their tendency may generally be traced to a common source. It is advancing no paradox to assert that delineations of mental suffering and unrest, such as are to be found in Faüst, Manfred, Conrad, Lara, and Werther—sufferings which were purely ideal, born of no legitimate, healthy cause, but produced by the gnawings of an unsatisfied intellectual ambition; by the satiety of debauchery, by a disgust of social life arising from want of material occupation—a true reflex of their authors' own personality—delineations of such morally depraved beings as these heroes, can not be over-estimated in their pernicious influences upon weak and impressionable minds. How many suicides have not the sorrows of Werther

probably led to; how much of morbid sensitiveness have not the writings of our modern philosophical and transcendental novelists, particularly of the French school, developed in the young and inexperienced. Or what would a modern opera be without an intrigue—a revelation of conjugal infidelity, or that most accommodating compromise between vice and social virtue, a morganatic marriage? And when we reflect also that this crusade against the true, the honest, and the manly in life; and against faith and morality in religion, has been aided by all the power and magnetism of the Fine Arts; by poetry, and music, and the drama, with all their seductive allurements, who can wonder that society should have been poisoned by this gilded fruit, and that philosophy should have discovered in it the seeds of a lurking moral disorder hitherto unobserved.

It is going beyond the pale of human science, to undertake to explain the rationale of those mental processes, by which minds of every grade, whether giants or dwarfs in intelligence, similarly attain to the execution of the fell act of suicide. For, as we enter upon the path of this investigation, we see rising before us mists, and impassable mountains, to check our progress; or unbridged chasms of limitless extent marking the *ne plus ultra* of exploration. It is plain that the Father of Light has Himself barred the way to infinite knowledge, by strewing its path with immovable obstacles belonging to our finite nature:

“Pater ipse colendi

Haud facilem esse viam voluit — * *

* * * curis acuens mortalia corda”—

and we must turn back content to wander upon these shores of Time, nor impiously seek to fathom the inscrutable laws of that soul which affiliates us to the Creator.

And yet within these finite limits we are at liberty to roam and cull whatever grains of knowledge we may. And better still, we are constantly stimulated to do so, by the perplexing questions with which the Universe is ever harrowing us. Earth, air and sea are full of problems. Fire and water, matter and spirit urge us to become augurs of interpretation; to

unfold the rubric of their affinities, and their ultimate part in creation, to all mankind. Worthy he who obeys, according to the dignity of his mind, these behests of nature, and whether through the study of pebbles, and humble agencies, or that of laws of gravitation regulating planetary systems, proves himself alike a faithful minister and interpreter of her laws.

A coward attacked by a mortal illness, anticipates with his own hand, the inevitable hour. This was to be expected. But how will you interpret the deaths of such men as Hugh Miller, Sir Samuel Romilly, or others that I could mention? Were they the fruit of long and sinful meditation upon the subject of suicide? Assuredly not. Into such noble minds no single grain of cowardice could have entered. Nor even could the charms of a stoical philosophy—in all things else the most majestic ritual of human conduct that ever fell from uninspired lips—have seduced their souls into compliance with the sin of self-hatred and murder. They can not have *willingly* committed the act of self-destruction like Cato or Seneca, and as though it were but the fulfilment of that problem of life which they had so long and vainly sought to fathom. These were heathen philosophers who believed themselves dying in strict compliance with the behests of natural religion, although in utter irrecognition of the natural law of self-love. Those were Christian philosophers, who, if they reasoned at all, must have repudiated the idea of suicide as at variance with both natural and revealed religion. And yet they committed the act and fell, just as many have before and since, because, as we firmly believe, of the dethronement of reason, and not because of the perversion of reason. That both these men endured exquisite mental sufferings none can doubt who have perused their biographies. Nor can we even ascribe them to the imagination, as being disordered. Seneca has, with a certain measure of truth, and great nicety of expression, referred all suffering to the cogitative faculty—*ad opinionem dolemus*,—or, paraphrased into English by a popular sentence, “There’s nothing either good or bad, but *thinking* makes it so.”

It is true, doubtless, that all suffering, as indeed all sensation, may be intensified by thought; but it is not primarily developed by it; and may, and indeed does continue independent of thought, whenever the system has become habituated to this new sensation. An inflamed limb ought to pain throughout the period of disordered action in its circulation, but after awhile we may cease to appreciate the inflammation as pain, and call it numbness—weight and heat—in reality nothing but modifications of a sensation which, once painful, in the sense of compelling attention, has from the law of accommodation and habit, ceased to enchain the mind. Again, a great sorrow falls upon us; we suffer in consequence, but after a time we feel it less; and although memory may still be able to recall it as a whole, the images or component parts out of which it was made up, and which acted as special irritants to our feelings, have now grown dim, and we seek in vain to feel, or suffer as keenly as we did. Can we therefore always *will* to suffer? I think not. Can we always *will* not to suffer. I equally answer in the negative. We derive another argument against the doctrine of the exclusive part played by the reason in the production of suffering, from animals. With them the loss of offspring, or of their masters, or of their accustomed home, produces unquestionable suffering. Shall we accord them reason on this account? If so, the argument fails, and we have misclassified the brute creation in denying it the possession of this faculty. But, on the other hand, if accepting universal opinion on the subject of its intelligence, we still find it capable of mental suffering, may we not safely contradict Seneca, and assert that suffering is an act as much of unconscious, as of conscious cerebration, and over which the will and reason have no exclusive control. We have never entertained any doubt that the mental sufferings of both Hugh Miller and Sir Samuel Romilly overpowered their will, before it did their reason. Indeed the former has left us a record of the ineffectual struggles of the will to resist the enshroudment of the reason. The reason saw, and appreciated the error, and the will attempted to thrust it aside, but was the most pow-

erless of the two faculties; and when the final act was performed, it was done in a vertigo of intense cerebration, and without the least vestige of moral freedom.

But what shall we say to the fact that so many suicides exhibit no obscuration of the reason? They leave officious wills; make reasonable dispositions of property, write letters void of all manifestation of aberration, transact business carefully, and appear to be in ordinary good health. To this, my only reply is, that the incubative stage of a mental malady is not always discernible, and that in these particular instances, the mind may have been dallying with the suicidal tendency, without absolutely adopting it as a course of action, until the very moment of its execution. Throughout this period, the reason has been slowly retreating before the enemy, and losing more and more of abhorrence for its presence, until finally perverted it comes to look upon it as a bow of promise—a gate of relief from earthly suffering. When a mind is in that state, it is unquestionably insane. But how shall we discover it? Aye! there's the rub. All philosophy, save the empirical one of observation, fails us here. The domain of psychology is ever a land of mists and obscurity. The phenomena we see and apprehend, form but a very small part of that which exist and operate invisibly in producing the outward manifestations of the mind. It is true that cause and effect stand in the relation here as elsewhere, it is equally true that there are only narrow limits to the range of our observations. If we could penetrate into the mind of another, and possess ourselves of all the elements, both disturbing and conservative, which tincture and give shape to its operations, we might indeed form a new philosophy of the human mind. But, as things are, our philosophy must ever be speculative and conjectural, because there is no ultimate standard to which we can refer our conclusions for revision and correction.

Therefore, let us freely admit that the philosophy of suicide is yet a *terra incognita*. That outside of the domain of mental pathology we can not explain it as a pre-disposition, and that it baffles human wisdom in all its attempts at fathoming its mysteries, and leaves us in profound darkness at the very centre

of our assumed greatest illumination. It is impossible to prove that all suicides are the offspring of insanity; it is even unwise to assume so; because, without entering into transcendental logic, we have no right to build a categorical proposition upon premises not justified by experience. This much only we know, that at times suicide wears the appearance of insanity, and at times it does not; at times it appears to be a disease; at other times a crime. But in either case the moral affections have undergone a change—a change for the worse—and have suffered an impairment of their integrity, either self-produced, or arising from sympathy with the intellect.

In conclusion, I need hardly add more than a word by way of commentary upon the ethics of this enigmatical act. Suicide admits of no possible excuse, and far less of any justification. It is either the act of a madman, and as such void of all moral quality, or that of a coward, who basely deserts the post of life which God appointed him to defend. Reason and religion alike condemn it, law regards it as a personal disgrace and self-disfranchisement, while honor affixes to it the stigma of pusillanimity. When every ill that momentarily clouds the sunlight of hope, or threatens to end this little lease of life, affrights the soul, and prostrates it in the dust, man ceases to be one of that christian band whose heaven-forged panoply is faith, and whose battle-cry, God wills it! For, thence, falling from his high estate, he sinks a weak and pining babe to earth, ready, in the language of the golden-mouthed St. John, "To die before the wound is given, and to leap into the sea for fear of a shipwreck."

CASE OF INSANITY AND HOMICIDE.

Jesse C. Davenport, charged with the murder of Samuel Wilson on the 19th day of May, 1863, was tried before the County Court at Bennington, Vt., Hon. Loyal C. Kellogg, presiding Judge, in December of the same year. The following history is compiled from notes of the trial, taken by one of the medical witnesses examined on the question of the prisoner's mental condition :

Davenport came to Manchester, where the murder was committed, in the year 1854. He was then thirty-seven years of age, and had recently been left a widower with one child, a boy of twelve years. His chief business was farming, but he had taught himself enough of the more common trades to be able to do, in a rough way, nearly all kinds of mechanical labor. He had worked as a carpenter, wagon-maker, blacksmith, mason and house-painter. At first he purchased a small farm, upon which he afterwards built a house for himself, another for a tenant, and, besides other out-buildings, a mechanic-shop for his own use. In the year after coming to Manchester he married a second wife, who died in 1860, and was succeeded by a third in the same year.

In the town into which he had come to live, Davenport was nearly or quite a stranger. His neighbors found him constantly busy, working hard early and late. When there was nothing to do on his farm, he was always in his shop, where he made wagons, sleighs, agricultural and other tools and utensils in great variety, as his mood or a market suggested. He was shrewd and very close, though honest, in his dealings, exacting the last cent due him, and miserly in his habits. He was unsocial in disposition, and disagreeable in manners; seemed to suspect every one of intending him some wrong, took offence at trifling things, and was easily excited. This led to his being greatly disliked by his neighbors, who made him the subject of many rude practical jokes, until at length, in 1860, he had become the constant butt of a gang of rude and dissipated young men. From this period to that of the homicide, he was annoyed and injured in his property to a

most shameful degree. A bell-wire, which passed between his house and shop, was often rung and broken down in the night, stones were thrown at his buildings, windows broken and tools destroyed. Such persecutions served, as they were intended, to keep Davenport in a state of the highest excitement and passion. He talked about them and their authors, threatening and gesticulating wildly, to the great entertainment of his brutal hearers. About a week previous to the murder he warned Wilson, father of the murdered youth, that his son was ringleader of the gang who were molesting him, and that he was prepared for him. "If I catch him there again," he added, "I'll spill his heart's blood." To another neighbor he had threatened young Wilson, saying, "He's the leader, and I'll fix him."

It is not easy for us to understand in what light the mental peculiarities of Davenport were viewed by his neighbors at this time. Not knowing his previous history, and having little intimacy with him, but for one act of his, the particulars of which were common gossip, we might suppose that he was considered sane, though, of an imperfect and ill-balanced mind. This act was an attempt at self-castration, committed in September, 1861. One testicle was cut out with a razor. No care or precaution was used in the act, and the wound nearly proved fatal. The first physician who came found him pale, and almost pulseless. He said at one time it was to prevent further trouble with a family, and again that it had pained him. This physician testified on the trial, that Davenport did not appear to him to be insane; the act was the only thing that suggested insanity; he had never before thought of his being insane; but, in his opinion, he was a monomaniac. To another physician he said the mutilation was done by himself, and that the testicle had swollen and was painful to him. Afterwards he asked this physician if he knew that any of those whose portraits were on a military map hanging near by, were in his condition. He added, that the upper one was; he had neither testicle remaining, and for this reason never had children. The doctor saying that if he had one testicle he might have begotten children, Davenport was greatly

excited. This witness considered the behavior of Davenport that of an insane man, and thought the castration itself implied insanity. It seems hardly possible to us that this act of Davenport, taken with his other strange conduct, should have failed to induce a belief of his insanity in other neighbors. All, however, of the large number examined at the trial, swore that they had never considered the prisoner insane.

The particulars of the homicide are briefly as follows:

On the 19th of May, at about 9 o'clock in the evening, Samuel Wilson, a youth of twenty-one years, and two companions in a wagon with him, stopped in the highway opposite Davenport's house. According to the testimony of these two young men—not perhaps entitled to the fullest confidence—Wilson leaped from the wagon without saying a word, except to check the horse, and ran up the steep bank toward the house. In less than three minutes his companions saw against the sky (the night was very dark) the upper extremities of two men close together and in active motion, and heard a strange cry as of some one in agony. Wilson immediately ran down the bank, stumbled and fell at the horse's head, rose again, came to the wagon as if to get in, and fell between the wheels. Lights were brought from a house near by, and Wilson was found to be dead, his clothing below the waist saturated with blood from a wound in the region of the heart. On subsequent examination, a cut one and a half inches wide was found two and a half inches below and within the left nipple. The fifth rib was severed at its junction with the cartilage, the heart was pierced through near the apex, and the vertebral column beyond slightly marked. This wound was received by Wilson, as shown by blood on the ground, at a distance of forty feet from where the wagon stood. It was no doubt inflicted with an instrument found the next morning thrust behind Davenport's hog-pen. The weapon consisted of a spear-pointed two-edged blade of steel, about five inches long, firmly set in a shaft of wood three feet long, with a cross piece at the handle. The point was stained with fresh blood.

When, about an hour after the homicide, the neighbors knocked at Davenport's door, he came partially dressed to open it. In reply to some one he said: "What! have the boys been having a bit of a fight?" Shortly after, on being told of Wilson's death, he said: "I'm sorry the boys have got me into this scrape."

During the seven months which intervened between his arrest and trial, Davenport was confined in jail, where it was popularly believed he feigned mental disorder. No evidence was offered upon this point, except that of a physician with whom prisoner was slightly acquainted. Prisoner either did not recognize this witness on seeing him, or else feigned not to. He occupied much of his time after this in writing a strange medley, the first part of which was an imitation of the preface to the *Pilgrim's Progress*, and the remainder was in the form of a dream, which might have been suggested by Dante's *Inferno*. The writer, in charge of an angelic guide, made the tour of the infernal regions, and had the pleasure of seeing his numerous enemies of this world undergo a variety of tortures that did credit to his ingenuity and hate.*

The testimony offered to prove Davenport's insanity affords the following facts bearing upon that point:

Prisoner is one of a family of sixteen children, two of whom have been insane for about twenty and twenty-five years, respectively. The mother, whose uncle had been insane, was a nervous and feeble-minded woman, with a marked tendency to tubercular disease. Most of the children seem to have inherited her organization, though all but three are believed to be still living.

When nine years old, Jesse received a kick from a horse upon his head, was insensible for a time, and afterwards delirious. At the age of thirteen he fell from a barn, and was taken up senseless, with several ribs broken. "He was pretty wild for several days after," and was so ill as to be bled by the physicians. During his youth he was thought to

* This production, which filled several quires of paper, was not given in evidence.

be strange in manner, suspicious of evil designs toward him, moody and excitable by turns, and to have little self-control.

In the spring of 1846, Davenport suffered an attack of mania, which was probably sub-acute in its type. In the previous autumn pecuniary losses had given him great trouble, and his little property was finally sold off. He labored very hard all winter, and was much exposed to cold. A neighbor was called in to take care of him, and a physician sent for on the twenty-sixth of April. He was then stupid and wild by turns. At times he rose from bed and went to the door, from which force was necessary to bring him back. He seemed to have delusions of fear, and made repeated attempts to escape from the house. The opinion of his physician was positive as to the nature of this attack. It was true mania, and not the delirium of fever, or connected with any organic disease. Davenport was kept in the house only about a week, but throughout the following summer he was feeble bodily, and alternately excited and depressed in mind. He complained much of pain in his head, the top of which he kept constantly shaved. In May he was seen by a brother, to whom he appeared silent and gloomy, but at times talked excitedly about a suicide that had recently been committed. A sister-in-law saw him in the same month, and noticed that he was different from what she had ever seen him. His eyes seemed to have an expression which they did not formerly. Whenever the suicide was referred to he became excited. At other times he was moody and not inclined to talk. This witness saw him again in the fall, and thought him improving. In December, she thinks the peculiarities of his behavior were not noticeable to strangers. They were apparent, however, to the family.

In the spring of 1849, Davenport came unexpectedly to visit this sister-in-law. His manner was very strange. He was gloomy; said that he should not live long, and dwelt much on the subject of his poverty.

In 1854, he was at the house of a sister for a week. His eyes looked changed at that time, and she thought him more singular than in the fall of 1846. He was easily excited, and

charged his neighbors with designing some injury to him. In the following winter he could not sleep, and complained of his head a great deal. In the spring of 1856, he was ill, though not confined to bed, and talked about coming to want.

Nothing further bearing upon Davenport's mental condition is contained in the evidence until 1860. The fact that he had been insane was told his son, then eighteen years of age, for the first time in this year. The son's attention was thenceforth directed to his father's behavior. He observed him to be at times silent, as if "in a deep study." At other times in the summer he had "spells of being kind of wild." He would leave home suddenly, without saying where he was going, and be absent several days or weeks. He would work early and late for two or three days, and then be depressed and sleep most of the time day and night for about the same period. Through the fall of 1860, and the winter after, he was worse than in the summer, and often complained of bad feeling in his head. His bell-wire was pulled and broken more than once this winter, and always in the night. When the boys went by his house at night, they screamed out, "Davenport!" or, "Down goes your bell-wire, old Davenport!" About this time he was visited by his former neighbor, who had taken care of him in the acute attack of 1846. Davenport urged this friend to go with him to dig for silver near a cave on a neighboring mountain, and, to humor him, his friend consented. They took a spade, and a bag to put the silver in, but after digging awhile came away without finding any. Davenport then applied a machine that he had invented to an old sled. He said the machine would carry him faster than any horse could go. Then, and at the time of a horse-trade not long before, this witness thought Davenport not competent to do business. His memory seemed to be bad, and his manner was different from ever before. "He would go from the war to the boys, and from the boys to the war, in his talk." He seemed to believe that the boys meant to injure him, destroy his property, and drive him from the town.

In the spring and summer of 1861, the son was employed on a farm, several miles off, and came home only on Sundays. Sometimes he found his father moody, and not disposed to talk; at others he appeared quite rational. Early in September, Davenport "seemed to have something on his mind, and did not say anything." On the Sunday before his attempt to castrate himself, he was in one of his bad spells, and "had a wild and glassy look about his eyes." He took his son, without explanation, to the rear of the barn, into which they both climbed through a window-opening, six or seven feet from the ground. He then said that he was liable to be taken away at any moment, and directed a certain division of his property if this should happen. The son, becoming more and more alarmed at his father's conduct, and seeing his excited manner and glassy eyes, turned back and jumped from the window. Nothing more was said about the matter. On the Wednesday after this the mutilation was done, and the son was called home, where he remained until the next Monday. The doctors thought that Davenport would die from his wound. At this time the bell was pulled one night with such violence as to throw it from its place through an open door into the next room. The bell-wire was also detached from the house, and the fixture which supported it broken.

During the fall and early winter after his recovery from the mutilation, Davenport was better mentally than before, but late in the winter he grew worse, and was again gloomy and excited by turns.

One night in June, 1862, several stones, the largest of which weighed four pounds, were thrown upon Davenport's house with such force as to split and break the shingles. On this night the peas in the garden were pulled up, a pane was broken out of the shop-window, and augurs and chisels were taken from their rack and driven into the ground near by. Wind-vanes were also removed from the house and shop, and a windmill taken off the barn and broken in pieces. Davenport, made very nervous and excited by all these injuries, "was walking and talking about the house all day." "He

said that the boys were going to ruin his property ; that he was afraid they would set fire to his buildings, and he thought he should get them insured." He did have them insured afterwards, for the first time. His habit was to keep his money in a trunk in his bedroom, and at one time he had seven or eight hundred dollars thus put away. He would not leave home to stay over night lest he should be robbed, and said that the boys had done so much damage to his property he was afraid they would get into his house and steal his money. The sight of any one of those who had injured him, or whom he suspected of it, made him very much excited.

In October, 1862, a sister-in-law of Davenport's saw him four times. The first and second times there was nothing very unusual in his appearance. The third time was after he had seen soldiers at Brattleboro, and he was very boisterous—almost frantic—about the war. He said, "If I had a company of men, I would quell that rebellion." He also said he was going to make a knife to cut off Jeff. Davis's head. A few days later, at his own house, he was more calm than after seeing the soldiers, but became excited at once when the war was mentioned. Witness asking in the evening if her horse was taken care of, he said, "Yes; but I do not go to the barn after dark." She spoke of his having a nice lot of corn. He said, "Yes; we are going to have a famine." To a brother, who saw him in this same month, his mind seemed to dwell entirely upon the war and famine. He said: "The rebels are surely coming, and I am going to be prepared for them. I can make the tools, and with twenty men I can take Jeff. Davis and his whole army, if Lincoln will let me do it." He said also: "There is going to be a famine; you had better prepare for it. Save money; lay up provisions! It will last three years." These predictions of a famine were made in a letter written to one of the family in the following winter, and admitted as evidence.

In March, 1863, Davenport and his son rode together to a neighboring town. When they went past the house of any

one who the father thought had injured him, he would be greatly excited. He was constantly nervous, but when away from these exciting causes would not say anything.

A few days before the homicide, Davenport was seen by a man who had lived with an insane mother for thirty years. This man noticed Davenport's eyes and countenance, and thought him insane, and said so to others at the time.

Prisoner entered the court-room at his trial with a feeble step, his wife accompanying him. He was much emaciated, had a cachetic look, and presented other phthisical symptoms. His eyes and the muscles of his face bore, in a marked degree, that expression which belongs to the chronic insane. The conjunctivæ were thickened, the lachrymal secretion excessive, and when in the light court-room a winking movement of the eyelids was constant. In a less dazzling light, and when engaged in conversation, the winking was much less frequent. When spoken to by his wife and other relatives, he replied slowly and in monosyllables. His eyes would sometimes become more suffused, but there was not the least change of expression in his face at any time. He showed no interest in his trial or his condition in any respect. In his interviews with the experts he admitted the murder, and seemed to think the act a justifiable one. He said he was not insane then, or at the time of the murder, but supposed he had been in 1846. His memory, especially of recent events, was impaired, though not greatly, and at times seemed better than at others. Without any appearance of caution in his replies, they were given after a pause, slowly, and in few words. His whole appearance was one of depression, weakness, and passivity. Only once did he show any active feeling, which was that of bitterness toward his enemies, who were the cause of all his misery. To them he applied the denunciatory language of the Psalmist, and showed his mind to be much occupied with Biblical images and conceptions.

Dr. J. B. Chapin, of Canandaigua, N. Y., and Dr. L. A. Tourtellot, of Utica, were present during the trial, and were

examined as experts on the question of prisoner's insanity. In deference to a late decision of the Supreme Court of Vermont, the presiding judge did not permit the direct question to be put, whether in their opinion the prisoner was or was not insane at the time of the homicide. Neither was their opinion on a supposed case corresponding to the testimony allowed to be given. The formal question was: "If the respondent exhibited the symptoms testified to by each witness in respect to his mental condition, what do they unitedly tend to prove in regard to his insanity." There was no important difference of opinion between these witnesses, and the substance of their testimony may be stated in a few words.

The facts respecting insane relatives of prisoner, the symptoms of mental disorder after injuries to head in early life, his feeble self-control and gloomy and suspicious temperament, were considered important as indicating constitutional tendencies in his case. His habits of excessive labor and carelessness of exposure must increase the probabilities that he would become insane. There was no doubt that an attack of true insanity was suffered by prisoner in 1846. From the previous history of Davenport, the development of this attack, the symptoms in its acute stage and in that of partial convalescence for a period of six months, the prognosis at that time as to a complete and permanent recovery would have been decidedly unfavorable. Dr. Chapin characterized the permanent mental condition of prisoner from the date of attack in 1846 to the present, as "unsoundness of mind." Dr. Tourtellot gave as his opinion from the evidence and from repeated examinations of prisoner during the trial that he had been "insane" throughout the same period. These views were permitted to be received by the jury nearly as delivered. It was explained, however, that the terms used by the last-named witness implied a greater degree of mental disorder than those of Dr. Chapin. The language of prisoner in letter, and also to witnesses respecting the war and famine, were, when taken with the other testimony, proof of insane delusion. His extravagant notions about enemies and

the purposes of the boys also indicated insanity, when considered together with other facts. His attempt at self-castration was deemed of itself very strong evidence of insanity. In the circumstances of the homicide, the marks of premeditated design, the concealment of weapon and behavior of prisoner immediately after his arrest, there was nothing to prove mental disorder; neither was there anything necessarily inconsistent with the theory of insanity. Prisoner might have been able to distinguish between right and wrong in general, but he was unable, from his mental disease, to do so and to choose the right in the matter of the homicide. In the opinion of both medical witnesses, based upon examinations made at the time, respondent was then insane and not likely to recover.

In the closing arguments, Hon. Paul Dillingham, of respondent's counsel, claimed that although his client might have known the difference between right and wrong in the abstract, yet under the excitement produced by the boys' conduct, he had no control over his actions, and could not therefore be held responsible for the homicide. It was also argued, that the statement, by the boys who accompanied Wilson, of the circumstances of his murder, was not credible; that from the nature of his wound, Wilson could not have walked to the wagon, as testified to, but must have fallen dead at once, and was carried away by the others who were probably engaged with him in the struggle.

Hon. A. L. Miner, State's Attorney, claimed that although Davenport might have been partially insane, yet as he was able to distinguish between right and wrong, he must be held accountable for his acts. Against the attempt to impeach the testimony of Wilson's two companions, it was urged that there was no evidence whatever to rebut the facts sworn to by them.

We regret that we have not been able to obtain the points of the Judge's charge.

The verdict of the jury was, "Not Guilty, by reason of Insanity."

It was thereupon ordered by the Court that the prisoner be confined for safe-keeping in the State Insane Asylum at Brattleboro, until discharged according to law.

The above account of an interesting case comprehends, we are assured, all the important facts laid before the jury. It offers to the medical witness and expert in insanity many suggestive points, of which we can at present consider but few.

Upon what legal principles or decisions was based the ruling of the Court in this case, that medical witnesses can only be asked what certain facts, admitted or supposed, *tend* to prove in respect to the mental condition of an accused party, we can not positively determine. It seems most likely, however, to have been upon the ground that the general rule, by which facts and not opinions are properly admissible as evidence, should be rigidly adhered to. Now, there are two classes of exceptions to this rule, arising *ex necessitate*, and recognized as universally as the rule itself. The opinions of experts may be admitted upon matters which lie beyond the knowledge and observation of men in general; and a witness' opinion, based on his observation of facts, is admissible where from the nature of the facts it would be impossible fully to describe them in terms.

The quality of expertness is, of course, to give value to an opinion, and not certainty to a fact. When a nautical man is called to testify what a ship's captain might have done under certain circumstances, surely he is never asked what the direction of the wind, the force of currents, etc., tend to prove in regard to it. If he were, it would still be his opinion, which must be given in reply, and without this it would not be possible to give additional force to the facts in evidence through his superior knowledge. Just so with the expert in insanity. Neither substantial facts nor logical definitions can always describe a case of mental disease. In other words, there is no positive criterion of insanity. As the opinion of an artist upon the genuineness of a picture, and that of a ship-builder upon the sea-worthiness of a ship, are lawfully taken because

no scientific test is possible in such cases, so the judgment of an expert in mental diseases should be freely admitted.

But we need not dwell upon this subject. It is far from being the general disposition of American Courts rigidly to apply the rule excluding the opinions of skilled witnesses. The weight of numerous decisions in at least nine States, including Vermont, and in the U. S. Courts, is in favor of admitting—and we think very properly—the opinions even of non-experts as to mental condition, when based upon personal knowledge and experience. This view was adopted six years ago by the N. Y. Court of Appeals, all the judges concurring. The case was that of *Dewitt v. Barley and Schoonmaker*, (3 *Smith*, 340,) where the opinions of unprofessional witnesses as to the mental imbecility of a grantor were a part of the testimony. There is no reason, that we can discover, why this decision should not be extended to questions of active insanity. The opinion of a man whose opportunities for observing the talk and behavior of another have been great, ought as well to be received on the question of power of self-control under delusion or excitement, or knowledge of right and wrong, as on that of business or devising capacity. Not, indeed, that such an opinion should be admitted as of equal weight with that of an expert, but for the reason that important facts upon which it is based can not be presented to the jury except in this indirect way. In the trial of *Davenport*, a similar view was practically adopted. The witness who saw respondent when on a journey, only a few days before the homicide, was permitted to testify that from his looks and manner he thought him insane. And although the opinion of this man was based on a single brief interview, yet from its spontaneity and impartiality, and perhaps also its quality of expertness derived from the long association with an insane relative, it had a manifest influence upon the jury.

There was no question raised, it would appear, in this trial as to the type of insanity with which respondent was presumed to have been affected. Such an inquiry would probably have had the effect only to puzzle the jury as to the real

meaning of the medical opinions, and it was wisely omitted. It is greatly to be wished that this course might be oftener taken. For, respecting typical cases of insanity of course no question can arise as to whether disease is present. It is generally where faint marks of all the chief divisions of mental disease are seen blended together that uncertainty exists. This seems to have been the character of the mental disorder exhibited by Davenport. We could not with any accuracy speak of his case as one either of mania or dementia, according to medical definitions, or of active or passive insanity in the legal use of these terms. There was certainly delusion, in the non-technical sense, but there were not enough other symptoms of mania present to characterize that disease. Without the evidences of dementia the delusions could hardly have been considered insane delusions; and yet these evidences were not such as taken by themselves should relieve from the presumption of responsibility. In fine, this seems to have been one of those instances where a congenital tendency to mental disease is slowly and obscurely developed throughout many years, in a manner to defy our feeble efforts at classification and definition. It is these cases, especially, that need to be examined in the light of their entire history, by those whose experience of similar ones has been most intimate and extensive. Here, the number and character of the symptoms manifested, and all the particulars of their origin, disappearance and succession point to morbid changes in the brain, and compel the strong presumption that any violent act, whether or not clearly connected with a delusion, must have had its birth rather in the element of disease than in that of wicked intent.

Neither did the prosecution in this case lay great stress upon the point that an apparently rational motive for the homicide being found, and the act itself exhibiting nothing extravagant or unusual, the supposition of insanity is therefore to be excluded. If, however, as a celebrated writer has stated in this journal,* "in a large proportion of cases proof of insanity is drawn chiefly from the character of the criminal

* Dr. Ray on Moral Insanity, vol. xviii. p. 127.

act," then the absence of such proof affords a powerful argument in favor of sanity. It must be confessed that there is little to indicate insanity either in the manner or motive of the homicidal act of Davenport, as described. The deed was, if we do not go beyond itself in our inquiry, that of a man determined, at whatsoever cost, to satisfy a terrible revenge upon one who had long injured and annoyed him. And in our opinion sufficient ground for predicating insanity will seldom if ever appear in any single act. We very often speak of an insane act or an insane delusion as though in themselves they were essentially different from other acts and common delusions. But is there any kind or degree of error which has not been held to by sane men? Are not the motives of sane men often wholly incomprehensible to us, and the strangeness of their actions without parallel in our previous experience? To say, then, of almost any conceivable act, or of any single idea without reference to its relations with other ideas, or to its power to control the judgment, that it is insane, is to make a very rash and unwarranted assertion. The act of partial castration by Davenport was certainly a most singular and unnatural deed, and one for which it is impossible for us to conceive a sufficient rational motive. But the baser, and even the nobler, human passions have led to deeds still more unnatural and extraordinary, by persons whose soundness of mind could not be questioned. Hence, we think the opinion of one of Davenport's physicians, that the attempt at self-castration necessarily implied insanity, not to be well-grounded. Yet when taken in connection with other evidence, showing general disorder of the cerebral functions, this act afforded strong proof of insanity.

The behavior of Davenport on certain occasions after the homicide was such as to excite a suspicion of feigning. His seeming inability to recognize the medical man who called to see him soon after his arrest, and the different degrees of memory and intelligence which he exhibited under various circumstances, are instances of this kind. Now, although we seldom find in the criminal insane any marked exhibition of remorse or dread of punishment, yet it is well known that

the burden of a great crime often modifies most strangely the workings of a diseased mind. But we need not insist upon referring all the appearances of simulation in Davenport's conduct to this source. It must be admitted that a degree of feigning is not uncommon in cases of decided mental disease. This is a point scarcely referred to in the books, but is, we think, well worth being considered. No one doubts that the insane may have a certain degree of cunning, and that their imitative powers are sometimes remarkable. Why then should it surprise us to find the marks of simulation in their conduct? Yet the mere suspicion of feigning is of itself enough greatly to prejudice the plea of insanity, and where feigning is manifest, insanity is believed to be thereby excluded. The appearance of feigning noticed by the physician who examined Davenport and was not recognized by him, no doubt went far to convince the former that the prisoner was a sane man. Perhaps generally, to those who have not made a special study of the subject, the volitions which spring from morbid, and those from sinful, feelings seem entirely unlike, and even incompatible. This natural judgment of the mind certainly has its useful bearing upon questions which must be decided in a rough way, as human society is constituted. But the further we proceed in our analysis and comparison of mental phenomena, the more do we find that these seeming opposites are really linked in a close and indissoluble union. Still, psychological science has its practical value, in aiding the natural sense by which the awards of human justice are directed. The expert will discover insanity in cases where there is feigning, and on the other hand will detect the most skilful feigning in the conduct of a sane man. Indeed, the feigning of one whose mind is touched by disease may appear more perfect to him than that of a sane person who has gathered his notions of insanity from a limited reading and observation. Thus, happily, the causes both of justice and mercy are subserved by our efforts to advance the science of mind and its disorders.

VAN DER KOLK'S PATHOLOGY AND THERAPEUTICS OF INSANITY.*

TRANSLATED BY J. WORKMAN, M. D.

[This is a book of only two hundred and seventeen pages, but it contains perhaps more solid and useful information than many others of three times its size, on the same subject. The writer of it had, not very long before, enriched medical science by the production of his valuable treatise on "*The Structure and Functions of the Medulla Spinalis and Oblongata, and the proximate cause and rational treatment of Epilepsy*," a work of much merit, and evincing a great amount of anatomical research and patient investigation; a translation of which, by Dr. Moore, of Dublin, has been published under the auspices of the New Sydenham Society. Schroeder Van Der Kolk lived to see this work ushered into light, and had the gratification of witnessing its warm reception, not only in its original dialect, but in the sister languages of Germany and England. Not so, however, with his last contribution. For its appearance we are indebted to the pious affection of two pupils, Drs. F. A. Hartsen and P. Templeman Van Der Hoeven, who had for some time availed themselves of the author's instructions on the subject of insanity, in the institution over which he so long presided. These gentlemen have believed they could not better honor the memory of their master, or more suitably evince their appreciation of the lessons taught them by him, than by giving to the world the little treatise now before us. It is a compilation of materials left in their hands, by one who felt that he could not himself live to see its issue from the press. How earnestly and how exhaustingly the worn down old man must have labored over his manuscripts, all who occupy positions similar to his must well know. He knew that his

*"DEE PATHOLOGIE UND THERAPIE DER GEISTERKRANKHEITEN AUF ANATOMISCH PHYSIOLOGISCHER GRUNDLAGE: VON J. L. C. SCHROEDER VAN DER KOLK, Professor of der Physiologie auf der Universitat Utrecht. Braunschweig: Druck und verlag von Friedrich Vieweg und Sohn. 1863."

life was near its close, but this was no cause of regret to him who had so long and well done the work allotted to him; yet Dr. Hartsen tells us that he wished to live long enough to enable him to lay before the world "this crowning work of his literary industry." "*Mit unnachlässigem eifer führte er das Unternehmen, gleichsam als fühlte er, dass seine Laufbahn dem ende zueilte, und dass er sich beeilen müsste, dass seine literarischchem Wirkssameit Krönende Werk der Vollendung zuzuführen. Wirklich ereilte ihn der Tod bei dieser Arbeit, er sprach aber noch vorher seinen Wunsch aus, dass das Werk veröfentlich werden möchte.*" How simple, and how sad, the picture in so few words! It is simple, because we all realize its truthfulness; it is sad, because we all may recognize in it our own reflection. We all have some long-cherished purpose to accomplish, the *Vollendung* of which we would gladly live to see; but alas! perhaps, the labor is too great and too long, and before the end is reached it may fall to some kind friend to record, as Dr. Hartsen has here done, "*ereilte ihn der Tod,*"—it hastened his death.

We have selected for publication in the present number of the AMERICAN JOURNAL OF INSANITY, the second part of Schroeder Van Der Kolk's work, being the portion of highest practical importance to our readers; and, if we may say so, without derogation from the merits of the author, the portion most free from theoretic speculation. The first part is devoted to the Anatomy and Physiology of the Brain, and includes a most valuable Section on Inflammation of the Dura Mater.

Our author has adopted a very simple, but as it appears to us, a perfectly comprehensive classification of insanity; for, under the two great *Hauptgruppen* of *Idiopathic* and *Sympathetic*, all the possible forms and varieties of the malady may find a place: their position in the one, or the other, will be determined by the fact, whether the brain is *primarily*, or *secondarily* affected. If the diagnostic marks distinguishing these two forms, are at all times so clear as to enable us at once to assign to its befitting place every case brought under our notice, it would certainly appear to us that this

simple classification is, in every respect, the best yet proposed. In a practical relation it must be superior to any other; for it is suggestive of the most important of all the facts connected with insanity,—that is to say, the location of the physical disorder from which it proceeds, or with which it is, at least, necessarily associated. The author tells us that the two classes are distinguishable by peculiar diagnostic marks; and accordingly he proceeds with the detail of these. Under the head of “*General Symptoms of Idiopathic Mania*,” he gives us a very faithful picture, if not of idiopathic mania *in globo*, certainly, at least, *in parte*. There is in it nothing unreal, nothing extraneous, but still it is not the picture in full. On reading this section we thought our author had found himself, like Sterne, when essaying to draw the picture of slavery, overwhelmed by the magnitude of his undertaking:

“I was going to begin with the millions of my fellow-creatures born to no inheritance but slavery; but finding however affecting the picture was, that I could not bring it nearer me, and the multitude of sad groups in it did but distract me, I took a single captive, and having shut him up in his dungeon, I then looked through the twilight of his grated door, to take his picture:”—and who will deny that Sterne’s picture was a faithful one—*of that captive?*

Schroeder Van Der Kolk’s picture of one of the varieties of idiopathic insanity, (that is, insanity primarily arising from disease of the brain,) is very faithful; so faithful that even a neophyte in hospital observance, can not fail to recognize the original. It is, in fact, a very graphic delineation of general paresis. As such it begins; as such it progresses; as such it matures, and as such he makes it end: “*Schliesslich pflegen wiederholte Apopleatische Anfälle zu Romnen, bis zulest ein heftiger Anfall der Art das traurige Leben des kranken endigt.*”

If the author’s description of idiopathic insanity is as comprehensive as it should be, and as faithful over the entire field of his observation, as undoubtedly we do not deny it must have been over that which we would hope was only a part of it, the disease, which in England and France has been

conventionally termed general paresis, and with which, in America, we have too much acquaintance, though far less than our transatlantic confreres, must be very common in Holland.

It is a suggestive fact, that nowhere in his book, does our author, even by accident, (so far as we can recollect,) use the term general paresis.

Mrs. Stowe's *Uncle Tom* was no imaginary picture; it was true to nature. But *Uncle Tom's* character covers only a small portion of Negrodom. So we believe as to Schroeder Van Der Kolk's picture of idiopathic insanity. We accept and admire his classification. It is as simple as it is practically useful; but we would extend its dominion, in this part, far beyond the limits within which his depiction of the symptoms would necessitate us to circumscribe it.

On the treatment commended by the author as suitable to idiopathic insanity, we desire to say but little. It is within the range of probability that, like other men, he has had his hobbies, and it is also probable that he may have ridden them cautiously. General bleeding appears to have been seldom patronized by him—probably indeed never had recourse to; for he does not say he has himself seen the necessity for this measure; and, through delicacy, he may have merely admitted the possibility of its requirement in certain hypothetical circumstances. This is among the gentlest forms of its repudiation; indeed, coming from the pen of so modest a man, it is hardly less than a condemnation.

The extensive and pretty free use of tartrate of antimony, recommended by Schroeder Van Der Kolk, will, we are inclined to think, be very reluctantly indorsed in this country, by those who have given it a fair trial. The following admonition is not without its merits: "*Bestand früher starke Esslust, so tritt diese beim Gebrauche des tart. emet. immer mehr zurück, Nur setze man das mittel nicht so lange zeit fort, dass die Esslust gänzlich verloren geht.*"

The "*starke Esslust*," which the Utrecht alienist includes among the peculiar symptoms of idiopathic mania, is, we are inclined to think, one of the *Uncle Tom* class. In this coun-

try, at least, we regard it as one of sable hue. Outside of the list of general paretics, we have not often, in cases of acute mania, during the exacerbation of the malady, observed that a very strong appetite was present; frequently indeed the opposite fact obtains, and is a very troublesome symptom to deal with. It is certainly well, as our author advises, not to push the tart. emet. to the extent of total destruction of appetite. Indeed we would advise stopping very far short of this point; for the reëstablishment of healthy assimilative function, in every sort of insanity, is, we believe, the best part of the treatment.

Schroeder Van Der Kolk's instructions on the subject of Sympathetic Mania, we regard as most valuable, and the very best we have yet seen. We are, however, inclined, to question the correctness of his views, as to the cause of elongation and deflection of the transverse colon. He does not support by autopsical discoveries, his assumption that this lesion is produced by impaction of accumulated indurated fæcal matter; and, perhaps, for the best of all reasons, he had not, in such cases, found such accumulations present. But though he may never have so found them, this negative fact, prevented the inference by him, that they *formerly* did exist; and as their existence was required to sustain his theory, what more natural than his assumption? He informs us, however, that elongation of the colon has been met with in infants, as a congenital deviation, and that Monterossi believed that it was a frequent cause of death in many of them. We believe it has been met with in many insane persons who had never been affected by constipation to any remarkable extent: and it is certainly very often absent in patients who have labored under long and obstinate constipation.

The cautions given against irritant purgatives in the treatment of cases of insanity in which this affection may be present, are certainly deserving of the most careful consideration; for whether accumulated and indurated fæcal matter may or may not, be lodged in the large intestine, these medicines must be contraindicated. If such matter is present, and the colon be in the state described by the author, acrid purgatives

will do no good, and must do much harm ; if not present, they are uncalled for.

Strictures in the colon, whether only momentary, and spasmodic, or permanent and structural, are not to be trifled with, much less to be tortured. Few medical practitioners have not had opportunity of witnessing the evil consequences of an ignorant or rash exhibition of strong purgatives in such cases. Constipation, resulting from such a cause, may resist the action of the most powerful purgatives ; and yet under a different, or quite opposite, treatment they might have been very readily and painlessly obviated. We have seen six grains of opium, in a case of such constipation, effect a rapid cleansing out of the colon, which we would not have dared to seek for by a purgative *so called*.

Is it beyond the limits of anatomical logic, to believe that elongated, or deflected colon, may, in the insane, sometimes, or often be a congenital condition ? Seeing that the deviation has been met with as such, in children, we can not see why it might not be met with in adults, as such ; and if so, it may be quite as rational to regard it as the cause of constipation, as the consequence of it. Monterossi may have found this abnormality often present in infants ; and yet it does not follow that it was always the cause of their deaths. Indeed it may not have been the cause at all, or only so very exceptionally ; for considering how frequent it is in the insane, and how long some of them must have lived with it as well as how few of them seem to have died *from* it, we can hardly admit that it is a very fatal lesion or abnormality.

Our limits do not permit us to extend these remarks so far as the importance of the subject might warrant. We are highly gratified to observe the prominence which Schroeder Van Der Kolk has given to it, under the head of Sympathetic Mania ; and we are certain the readers of this Journal will duly appreciate his observations. If we have in the preceding remarks, appeared to differ, on some points, from the author, we have done so, not because we undervalue his opinions, but the very contrary. It has seldom been our fortune to meet with any medical work, containing so much valuable infor-

mation, in so few words; he has written, not because he wished to publish a book, but because he had something—*much*, indeed,—valuable, to say. All who have studied insanity in the living book of every day asylum experience, and in its autopsical records, as divulged in the dead room, will feel, whilst reading it, as if they were conversing with a man who has travelled with them side by side;—has seen just what they have seen;—noted exactly what they have deemed notable; and reflected on all that he has observed, as they have themselves a thousand times been constrained to do. We would fondly hope that some more competent translator will soon honor this work with a place in our medical literature.]

PATHOLOGY AND THERAPEUTICS OF INSANITY.

A. IDIOPATHIC INSANITY.

It is not my purpose to lay down any exact rules, as to our general intercourse with the insane, or the most appropriate method of conducting the psychical treatment of their malady. A sound understanding and an adequate knowledge of human nature must, in general, serve us as better leaders, than numerous rules and examples, which may but seldom be found applicable to the particular case in which we may desire their aid.

To the physician, however, who has not had the advantage of thoroughly acquainting himself with this important part of medical science, in an Insane Hospital, I would offer such brief and appropriate instruction, as, with a practical reference, may prove beneficial, and may serve as a safe basis of treatment; and thereby I would also hope I may contribute towards averting a confused and inappropriate line of treatment in that period of the disease when the prospect of recovery is best, and that this most favorable point of time may not be allowed to pass unimproved, and the disease to take its course to the chronic form, when every prospect of recovery vanishes away.

THE VARIOUS FORMS AND DIVISIONS OF INSANITY.—With a view to a brief and appropriate description of the treat-

ment of insanity, it is necessary to premise certain leading principles on the nature of the disease, its proximate causes, and various forms; I can not however, enter upon any lengthened discussion of the various opinions which have been promulgated on these subjects; I therefore limit myself to the details of the results of my own many years experience, and numerous autopsical observations.

It can not but be manifest, that the brain, as that especial organ in which the mental powers immediately manifest themselves, is the part, which, in insanity and all mental disorder, paramountly suffers. We should however, seriously err, were we, in conformity with numerous authorities to seek to establish in this organ, the only source and cause of insanity. It, indeed, stands in very close relation with the rest of the body; and the influence which many organs exercise over it is manifest enough. I can not, however, overlook the facts, that from derangement of digestion, or too full a repast, a feeling of indisposition, and a sluggishness and indecision in the thinking power, become quite manifest.

It has been usual to detail the various sorts of mental alienation according to the variety of their manifestations, to designate them by the terms mania, monomania, melancholia, dementia, and idiocy. This classification is certainly adapted to the superficial distinction of these various forms, and deserves, therefore, to be retained: at the same time I must say I have never found it practically serviceable, since it has its source rather in the mere symptoms of the disease, than its nature and efficient cause. For many years past I have included the different forms of the disease under merely two chief groups, which with sufficient clearness exhibit themselves, either as idiopathic, or sympathetic insanity; and by peculiar diagnostic marks are readily distinguished; whilst with a therapeutic reference they merit our most serious consideration.

In idiopathic insanity the brain suffers primarily. Some unusual mental exertion, or some undue excitement of this organ may lie at the foundation, or a violent impression,—a fall, a blow, or, under a certain predisposition,—most usually

the hereditary,—almost any cause may lead to the development of the malady.

On the other hand, in sympathetic insanity the brain suffers only secondarily, and the exciting cause lies in other parts of the body,—as the abdomen, or the organs of reproduction. From long continuance of this form, an idiopathic insanity may be developed; and it is certain that recovery can not in any case occur unless the primary cause is removed. Herein seems to me to consist the chief importance of this classification.

GENERAL SYMPTOMS OF IDIOPATHIC MANIA.—The symptoms manifested in Mania idiopathica, characterize this form with perfect clearness.

In the commencement of the disease there is observed merely an excited condition,—an arousalment of the surface of the brain, in conjunction with which there seems to be united, an accelerated circulation in the organ. The pulse is, in general, more frequent, not seldom it is hard and full; the countenance, in a majority of cases, is flushed, and the eyes sparkle; conjoined with these there is an unwonted tendency to motion, a certain hurriedness in every engagement, and in association with this disorder, the patient has the full conviction of perfect health, and asserts that he is quite well, and more active and strong than ever before, and declares himself capable of the greatest exertions, without the slightest fatigue.

Through the protracted excitement of the brain, and the consequent activity of the patient, sleep is frequently interrupted, or it disappears altogether; or perhaps he believes that sleep is no longer needed by him. This excitation, together with his rapid thought-flight, his incessant busy-working, and his heated imagination, brings to him the conviction that he is now much more able to undertake anything than he ever was before. That he can do more than other men, and therefore that he is greater than they are. He feels himself more distinguished, more judicious, more rich, or more powerful. The judgment is now no longer able to control the impetuosity of the ever-augmenting stream of his conceptions and ideas. His boundless plans and projects break down; yet his play is

with millions and with empires. Now have we no longer to do with a common man: he is a Cæsar, and commands the world.

In the commencement of this disease, which often slowly and almost unobservably progresses, the change which has been taking place, is, even by the patient's own family and relations, not always noticed. There is indeed observed a greater vivacity, and perhaps those around are gratified with the patient's assurance that he finds himself perfectly well; and the hitherto unheeded irritability and passionate outbursts under contradiction, too often, in the most painful way, suddenly disturb the peace of the family. In general, at the outset, the patient can control himself in the presence of strangers, so that they fail to observe anything amiss in him. In the further advance of the disease, his overturned projects, his senseless bargains and squanderings, his intolerable pride, and his inordinate self-esteem must open their eyes.

But such an excitation of the brain can not be without its influence on the rest of the body. The spinal marrow exerts itself with coincident greater and greater activity, and its susceptibility is more and more augmented. This susceptibility is hence diffused over other organs,—sometimes the intestines.

Hence, keen hunger and strong digestion, which, even to the extent of gluttony, frequently proceed; and conjoined with this condition not seldom is observed a strong inclination to free wine-drinking, or still farther, to indulgence in ardent spirits. Since the sexual function stands in close relation with the spinal marrow, it necessarily follows that this propensity is, in general, evoked; and sexual extravagances, in such a condition, are not uncommon. If the disease advances yet further, and through the overwhelming cerebral excitement and meningitis does not pass into complete frenzy, then there succeeds to the acute stage one more durable, in which the excessive vital activity recedes into more moderate limits, as the superficial grey matter of the brain more and more degenerates, and is transformed. The scornful outbursts

now manifest themselves only at intervals, or perhaps they cease altogether. The conceptions become more and more confused, and finally the unhappy victim falls into fatuity; and at the same time also appear paralytic symptoms, which tell us of serous effusion in the brain. Finally, repeated apoplectic seizures follow each other, and some formidable attack of this sort puts an end to the miserable existence of the patient.

That the bodily constitution, the sex and the age of the patient, modify the case, must be quite manifest; but pride, in some of its various shadings, is never absent. This mental peculiarity is, however, not as many have appeared to apprehend, to be regarded as the determining cause of the insanity. On the contrary it simply indicates its onset in the primary cerebral disease, and it is one of its earliest and most constant symptoms.

Cases are met with, (and in these probably the diseased affection is not with equal severity spread over the whole brain, or it advances slowly, and attains not a high degree,) in which the patient on only a single subject, or on a few isolated subjects, evinces mental aberration; whilst on all others he speaks rationally enough. This is a condition which, in many respects, has affinity with melancholy; excepting that in it the patient is not, as in the latter, downcast and low-spirited.

This form (*so called monomania*,) is usually of long duration, and very difficult of cure.

In the male sex, in which the vascular system is more strongly developed, and in general more disposed to inflammation, idiopathic mania occurs much more frequently than in the other sex. It is a matter of astonishment how long a woman may suffer under intense mania, without the super-vention of paralytic mania, or dementia. I have seen cases in which women had continued for years in a maniacal state, and yet recovered. Among men this is seldom the fact, and such a protraction of the disease is more dangerous in them.

But not every case which is associated with great excitement, or even with intense delirium, belongs to the idiopathic

form. In very excitable and sensitive individuals, especially in women and girls, and above all in puerperal mania, cases are met with in which the brain has been vehemently aroused by extraneous agencies. This excitation proceeds not so much from the increased action of the vascular system, as from the disturbance of the nervous system, especially in hysterical persons. Although intense delirium may be present with the majority of the symptoms of idiopathic mania, yet in the cases now under consideration, *pride* and inordinate self-esteem are either absent or only of transient occurrence. The observing physician will, in these, generally be able to discover the inducing agency either in the uterus or some other organ which through reflex impression on the brain provokes its excited condition. Such cases will be easily conducted to recovery, after we have succeeded in removing the exciting cause, and quieting the general disturbance.

GENERAL SYMPTOMS OF SYMPATHETIC MANIA.—Sympathetic insanity, especially when it assumes the form of melancholy, presents symptoms altogether different from those of the idiopathic form. In general less excitement is observed; on the contrary the patients are usually silent, depressed and low-spirited; yet they speak and reason correctly on every subject; but they are overpowered by the delusion that they are wretched—the most wretched of all mankind. They blame themselves as the cause of their misfortune, and they fall into the most torturing anguish. This mental condition being associated with a sense of constriction in the precordial region, they confound it with the condemnations of conscience. They flee from their fellow-beings, hide themselves in some obscure corner, and in all their doings, and deportment, and their aspect, is easily to be perceived the profoundest misery and mental depression, which not unfrequently run into utter despair and determination to self-destruction. The brain, nevertheless, is not in high vital action. True, the patient is perpetually immersed in his miserable contemplations, yet is he not usually in an outrageous condition. Instead of the sparkling, glistening eye of the idiopathic maniac, we have a downcast look. Frequently,

indeed, congestion of the head appears, but only in a moderate degree; and though it seems warmer, and the carotids beat stronger, yet the hands and feet are unusually cool, and the radial pulse is small and contracted, so that a rather unequal circulation is manifested. There is a chronic or a mere passive congestion present. In general the point of the nose has a reddish color, and the ears also have a similar color, provided the congestion affects the medulla oblongata, rather than the anterior cerebral lobes.

Affections of the bodily organs—as the thoracic, abdominal, or the pelvic, which generally for some time had been noticed in the outset of the disease, become prominent; and through a careful observance of these we may, in the majority of cases, distinguish between idiopathic and sympathetic insanity. But sympathetic insanity, as I shall hereafter show, through the disturbance and alterations which it calls forth in the brain, not unfrequently passes over into the idiopathic form; whether it be that the melancholy illusions entirely cease, or that they lapse into dementia, the common result of all cerebral local diseases tending to degeneration.

I shall, with more precision and fulness, discuss the general subject when I come to speak of its special treatment. In the present chapter I have desired to exhibit some distinguishing marks by which the idiopathic and the sympathetic forms may be respectively recognized.

ACUTE IDIOPATHIC MANIA.—In idiopathic mania, as regards the progress and issue of the disease, we have to distinguish the acute and the chronic form.

Acute idiopathic mania is characterized by its greater intensity and shorter duration. It presents itself chiefly in young and strong subjects. The phenomena of cerebral irritation, and of meningitis, are manifested with bolder outline. The mental derangement is greater and more outspread, and the impetuosity of the paroxysms is more intense; the pulse is generally full and hard, the head hot, and the aspect greatly flushed, and frequently swollen; the eyes are brilliant, and their conjunctival coats are often injected, whilst the pupils are small, or reduced to mere points; the patient is

incessantly in motion; he can no more sit still than a person in a fit of wrath or fury; and in these commotions he often exhibits amazing muscular power; his delusions of greatness, power, and authority, transcend all limits; and associated with this terrible excitation of the brain—a most frequent concomitant—is total sleeplessness; the sexual propensity is usually increased; the appetite is, withal, usually very good, and as regards eating, or indulgence in wine or spirits, the patient, if unrestrained, is most immoderate. As a general fact, alvine evacuation is torpid.

The signal predispositions to this form of disease, are to be sought for, assuredly, in hereditary condition; in a sanguineous, excitable temperament, and in undue vivacity and mobility of mind. As proximate causes, every influence which operates with strong excitation on the brain, may be regarded as efficient; such as external injuries, sun-stroke, intense or long protracted mental effort, severe trials of the affections, or the abuse of spirituous, or other poisons, which have been absorbed into the blood.

The prognosis is, at the outset of the disease, on the whole, not unfavorable, provided the patient is submitted to appropriate medical treatment. But great prudence is necessary; for in the first attack relapses may occur, which very readily pass into the chronic form, or the case may advance with the formidable symptoms of meningitis, and terminate in apoplexy or paralysis.

In the first month of the disease, (at the latest the second or third month,) success in treatment is common; but after a longer duration we have to contend with the chronic form. I have seen patients within this period sink under severe meningitis; the autopsy showed copious effusion of plastic serum, remarkable fulness of the blood-vessels, high coloring of the grey substance, as well as a bright-red, and more or less spotted appearance of the white portion of the brain.

The cerebral membranes may, naturally, in this acute form of excited condition, pass over into inflammation of a very high degree. This depends, for the most part, on the constitution and age of the patient, or on the conditioning causes

of the brain excitation: and according to these facts must the physician direct his treatment. I have already (vide part first,) remarked upon the injury which a too copious, or a non-indicated abstraction of blood may effect. I have not, however, at the same time asserted that we are totally to abstain from venesection in this disease. Indeed it may even be urgently required. In robust constitutions, when the cerebral excitement and the meningitis are manifested by clear signs, and the pulse is full, hard and frequent, and the patient furious, we must have repeated recourse to the lancet. In the mean time we are not to forget that we are not here dealing with an organ equally excitable and richly vascular, as in pericarditis or pneumonia: that is to say, we must beware of taking a great quantity at once. If the brain is in a highly excited and susceptible condition, then may the change in the circulation, induced by a copious bleeding, evoke a new excitement, such as Pinel has already exemplified, and which I could verify by citation of some cases. After the bleeding a new paroxysm shews itself. How susceptible towards copious abstraction of blood the brain is, we may perceive from the fact that venesection is not unfrequently accompanied by a fainting fit, or even by convulsions.

The physician must here have regard to the general condition of the vascular system, and not merely to the furious disorder or paroxysmal phrenzy of the patient. If the vascular system is not much filled, then it is far preferable to place a couple of blood-cupping glasses on the neck—a measure from which I have seen the most signal results. These produce a far more effective derivation from the head than a venesection, which makes a general impression, and is suitable only to effect that which the cupping does not reach to, namely, the antagonizing of the general reaction of the vascular system. Leeches may also be indicated, certainly not behind the ears, but rather, with best effect, high up on the neck, where they may draw from the branches of the vertebral artery. They effect, however, no such copious derivation as the blood-cups; and the application of warm wet cloths on the neck, in order to prolong the bleeding, produces some

degree of heat and excitation, whereby the derivation by the leeches is counteracted. Often, too, the application of the leeches is fatiguing, because of the long duration of the bleeding; and the placing of the creatures on a restless patient causes much trouble. Some have applied the leeches during sleep. In order to derive directly from the brain, they should be placed on the frontal region, or in the vicinity of the eyes. From leeches applied during sleep, I have several times seen erysipelas produced, in consequence of the irritation on the susceptible skin, and the consequent swelling and congestion, overbalanced in their results, the purpose aimed at by the leeching. Leeches in the nasal cavities, indeed, act with powerful derivation from the brain; but it will be no easy matter to apply them there on an outrageous raving lunatic. The neck, in such cases, is the part, and high up, to be selected. But blood-cupplings, repeated according to circumstances, certainly merit preference.

It is manifest from the existing condition, that persistent cold applications to the head are indicated, or, according to circumstances, also ice, the douche, the dripping, or the shower bath; or coördinately with cold applications to the head, warm general, or foot baths.

On the other hand, blisters demand some forethought. If the patient is much excited and irritable, then the annoyance and pain of Spanish flies may injure, whilst the general system may be much disturbed; instead of quiescing, they but bring the active phantasies of the patient into still greater uproar. Every physician well understands that rest is necessary, and that every disturbing agency must be avoided, among which, above all others, the presence of many relations and friends stands first; and too much conversation, and too much light may be superadded. Among total strangers, and in the absence of all relatives, the patients, in general, are more calm, and more easily managed. Contradiction and argument in controversy of their delusions, on the part of their own connections are intolerable, and all the more so the more these persons formerly were inferior, and the less contradiction the patient has been wont to meet with from

them. Common servants, whom the patient has been wont to command, often affect the case injuriously, for he can in nowise bear to be opposed by them in carrying out his own will.

The use of inward means, such especially as operate on the intestinal canal, and by well-timed application may produce beneficial results, must not be neglected. But drastic and acrid purgatives irritate the intestines too severely; they provoke copious watery evacuations, and abdominal cramps, and tend rather to excite the patient than to calm him. If the bowels are torpid, as most usually is the case, a decoction of Senna with Tamarinds proves suitable: and to this some neutral salt, or a grain or two of tartar emetic may be added. Should copious watery evacuation result, then the mixture should be given less frequently, or be altogether omitted. Should much excitement be present, it may be better to give the tartar emetic in the form of powder, with sugar, or if strong vascular action be present, with nitre, especially when the appetite of the patient, as is often the case, is very keen. When the nitre has been persisted in for sometime, it may, thus associated cause disorder of the stomach; and in consideration of this, in such cases, I usually give the tartar emetic by itself. Many practitioners entertain the erroneous idea, that the tartar emetic must throw the stomach into an irritated condition and by this means operate as a derivative. If, however, it is exhibited in such doses, as to provoke sickness, or vomiting, then this powerful remedy tends much less to the reduction of the cerebral excitement, than if the stomach were not thus disturbed. The restlessness and excitement will be best soothed, when this medicine has been introduced in large quantity, without inducing sickness or diarrhœa. This depends on the form in which we exhibit it, or its combination with other medicines which tend to disturb the bowels, and also on the time at which it is taken.

I have, as already stated, found it to act best in the form of powder, and frequently in that of pill. If it is given in watery solution, it readily causes vomiting: in attenuation with water, it is more rapidly taken up by the vascular system,

so that very soon a considerable proportion circulates in the blood, where, as experiments by direct injection into the vessels of animals have taught us, through its operation on the centres of the nervous system, especially on the spinal marrow, it provokes speedy vomiting. But the powder, combined with sugar, is carried into the stomach with but little water; the solution is, therefore, more concentrated, and by means of the associated sugar, is thicker; the endosmotic absorption takes place more slowly, and vomiting is not so soon produced; and we may without difficulty, gradually proceed to larger doses than can be done when it is given in the watery solution. Hence, probably, it comes, that we can sometimes advance to very high doses, without causing vomiting. In two cases in which, by mistake, a drachm of tart. emet. was taken by insane persons, I observed neither sickness nor diarrhœa, and no other symptom than a certain degree of weakness. If we conjoin any vehicle whatsoever, the patient does not tolerate the tart. emet. in near so great a quantity as when it is unmixed. When, from torpidity of the bowels, a laxative is required, the decoct. cort. rhamni frangulæ will be suitable, provided it does not operate severely on the intestinal canal.

Vomiting occurs more readily when the tart. emet. is given at night. In general, I order it to be taken after breakfast and dinner, and in the evening before going to bed; and in the intervals, I direct some biscuit to be eaten. By such an administration we can more easily increase the doses, and thereby, also, the peculiar quiescing and depressing influence on the brain, is rendered permanently effectual, so that the patient is more tranquil, and lighter, and under this favorable change, frequently recovery rapidly sets in.

In many cases, though not so frequently in idiopathic mania, the tart. emet. is not tolerated, so that sickness, vomiting or diarrhœa very soon proceed from it. The intestinal canal is then thrown into a state of erethism, and we must endeavor to suppress this disturbance by some emulsion, or other soothing means; it would only injure, under this condition, to persist with the tart. emet.

But it often happens, that as the insane regard themselves as perfectly well, they will take no medicine. In such instances we may administer the tart. emet. with the food or drink ; but this requires much prudence. Should we have begun with too powerful a dose, and the patient in consequence of sickness coming on observe it, or should he have detected the taste of the drug in his drink, then he will become surly and suspicious, and will think all his food and drink is poisoned, and take no more, especially if by the further use of the medicine his appetite becomes lost. This refusal of food is, however, most frequent in *mania sympathetica*.

If the appetite is at first keen, it always becomes less so under the use of the tart. emet. We should be careful not to push it to extinction of appetite.

If the patient improves under the tartrate, then the tolerance of it decreases, and the large doses, which during the early excitement he daily took, without any apparent impression, he can now no longer take without sickness or vomiting. The proper rule is, therefore, as follows: In the commencement, increase the dose every second day, or even every day, until indication of nausea is given, and then let the dose be stationary. If, in the further progress, the patient becomes more tranquil, or lucid intervals set in, which by recurring exacerbation are usually interrupted, though the persisting disease decreases, then must the quantity of the tart. emet. be reduced, just in proportion to the susceptibility of the patient against it.

Calomel and jalap, from which in the cerebral inflammations of children, we often secure signal results, I have not usually employed in mania. The brain affection does not pass by so quickly as in children, and consequently longer continuance of the medicine is necessary, and I have seen supervening salivation accompanied by much congestion. The trivially advantageous impression of this combination on the general system, induces, besides, a cachectic condition, and a prostration of the patient. In the convalescence, care should be taken that the patient is not too soon placed under the influences of the social circle. He always retains for a time a

certain degree of excitability, and I have frequently seen, when the necessary foresight in this regard was not observed, that, under the circumstances, an incurable relapse has taken place. Daily pleasure walks, in places free from exciting objects, are to be recommended; but for some time, jolly companions, coffee-houses, music, and every thing which may unsettle the mind should be shunned.

In the acute stage of idiopathic mania, if the patient is much excited, and strong cerebral irritation is present, all narcotics are to be avoided. In a couple of cases, indeed, I have seen by means of digitalis, particularly when given in infusion, quiescence induced in proportion to the reduction of the pulse by the medicine; but after its suspension, when it had been long continued, a fresh attack advanced, just as the pulse again arose. Digitalis has appeared to me to be, in general, merely a palliative. If we succeed in tranquillizing a patient by tart. emet., he is, in general, on the way to recovery; but we can not say so much as to digitalis. As to opium and morphia, I have mostly observed only injurious results through their excitation of the vascular system; mere perceptive dulness, or, perhaps, increased irritability have been induced. In other forms of insanity in which sensation is heightened, without manifestation of vascular excitement, that is to say, in sympathetic mania, they may operate very beneficially.

CHRONIC IDIOPATHIC MANIA.—Acute mania is not always conducted to recovery at its outset. The physician is perhaps called in, after the failure of an inappropriate treatment, or perhaps after nothing at all has been tried, and the time opportune to recovery may have passed away. Often, however, the most active treatment in the first stage of the disease may not suffice to prevent the issue of meningitis and inflammation of the cerebral surface. In all these cases the patient, if he does not succumb under the symptoms of acute brain inflammation, passes over, with more or less unfavorable indications, into the chronic stage. The severity of the disease is now on the wane; the maniacal disturbance has abated, and paroxysms of high excitement

seldomer appear; but in place of the earlier changeable phantasies, when almost daily new ideas and plans came to the surface, there has now some fixed delusion entered. Instead of the former impetuous, far-reaching personages, the patients exhibit rather the character of silliness: they are now still, and in their delusions, a general confusion becomes constantly more manifest. At other times the greatest vivacity is evinced, whilst in all things they are governed by one delusion. Not unfrequently hallucinations are developed, especially in the organ of hearing, (and by these the prognosis is rendered very unfavorable.) The patient thus affected perpetually hears voices, by which he is followed, or he believes he hears maledictions and slanders, or as a prophet he receives inspiration from God, and is perhaps even greater than this.

In the multifold individual characteristics, upon which the sex, the education, condition, former habits of thinking, and the occupation in life have their influence, pride is still perceived as the ground tone in chronic idiopathic mania, in which the symptoms merely take a longer course. The patient, very often altogether in antagonism with his own interests, is ruled by certain delusions, which he can not suppress, and all reasonable conversation, by which his inconsistent and silly delusions might be demonstrated to him, has in general only the result of causing him to seek new premises on which he may vindicate them; and instead of being convinced of error, he but advances farther in it. If we touch upon these domineering ideas as little as possible, and draw the patient away from them, in the mean time engaging him at work in some other place, (for which end, above all others, labor and occupation in his own trade, when he is fit for it, are the best,) in this way we shall make the best progress towards cure; and in this way most surely will we secure quiescence of the mind, in spite of the frequent sallies of bewildering delusions. The signs of chronic congestion or of meningitis appear now more and more in the countenance; it has no longer a uniform deep coloring, but generally the point of the nose is darker, and in a strong degree of chronic inflam-

mation the parts above the eyebrows participate in this hue. In most cases the crown of the head feels hotter, and also the forehead and occiput; whilst, according to the more or less chronic course, the hands and feet are cool, the former appearing at the same time swollen and bluish. If we make pressure between the occiput and the first vertebra, often the patient feels an unpleasant, heavy pain in the head. This symptom indicates irritation and overfulness of blood in the medulla oblongata, which by means of cupping on the neck generally decreases, or totally disappears. The ears often appear red, a symptom which appears to proceed from congestion at the base of the skull, and in the vertebral arteries. The patient is usually subject to an insatiable hunger, especially if he has been in the first stage, not at all or inappropriately treated. Let him swallow as much as he will, he generally digests it rapidly, and but seldom suffers from indigestion, which is the more strange as evacuation is usually tardy, and requires the use of laxatives. If we put the patient on spare diet, he becomes ill-behaved, restless and sulky; by persistence in this course he grows weaker, and cachectic, or gangrene, especially in winter time, shows itself. I once saw this gangrene in a young man, who had fallen into furious madness, eventuate critically, so that the insanity immediately disappeared; this was the result of parsimony; he however lost the last phalanges on two toes.

In the further progress of the disease, especially when it takes a bad course, symptoms of paralysis frequently appear. We then often find the pupils unequal, and probably a slight apoplectic seizure has passed over unobserved; but the sight of both eyes is good. Sometimes, however, inequality of the pupils has existed before, having been congenital, and then of course it betokens nothing important. If it has first been associated with the insanity, then it is amongst the most unfavorable symptoms, and apoplexy is to be expected. As a general fact it indicates incurability, though I have seen cases having it recover. Frequently the pupils are much contracted, appearing as mere needle-points; this is always to be regarded as a sign of cerebral irritation. In addition, there

is accompanying impairment of the speech; this commences with a twitching of the angle of the mouth; presently the patient is able to pronounce only the first words, and stammers more and more as he proceeds. Cure of such patients is rare.

The prognosis in chronic idiopathic mania must naturally be unfavorable. It is so, however, the more severe has been the first stage, the more the signs of preceding meningitis, the more powerful the constitution was, and the more readily the vascular system is thrown into abnormal activity; and for these reasons also more unfavorable in men.

In the chronic form general bleedings are no longer indicated, and an apoplectic seizure would probably follow venesection; to this would succeed collapse, or the patient might fall into profound dementia. If the cerebral congestion is prolonged, as is usually the fact, and it is shown by head symptoms already noticed, by the reddening of the nose and ears, and increasing disorder or dulling of the mind, then blood-cupplings on the neck are indicated, or in their failure, leeching. The patient generally by these means becomes clearer in the head, but he readily falls back into his previous state, so that repetition may be indicated, in conjunction with the external employment of cold applications to the head, general baths, foot-baths, &c., &c. Blisters on the neck at this time suit well, as powerful derivatives; setons are also efficient. Many recommend the Autewreith ointment; and I have seen good results from it. But the patients often remove the bandage, and bedaub their fingers with the ointment, and thus get it into the eyes, which must be injurious. Besides, it has appeared to me that this painful means has often been more irritating than beneficial, and therefore I have of late years not used it. Sometimes the condition of the patient has required an issue in the leg, and I have noticed that a recovered patient, when carelessly he has allowed the issue to dry up, has suffered a relapse, which by renewal of this remedy has been removed.

We are to endeavor, further, to remove the complications, and to obviate the cerebral irritation and the consequences of

the early acute stage. For this purpose, as in the first rank, the tart. emet. is indicated; but in the exhibition of it the same prudential rules as have already been given, are not to be overlooked. We can not give such large doses as in the first stage; but neither are they required. In this chronic form, for the most part, a tenacious dulness and an enduring tonicity are observed; yet we must not give the tartrate in such doses as to irritate the intestines. Still some patients bear well even great doses, and the persistent exhibition leads frequently to a favorable result. In other cases, however, by continuance of the medicine he loses his appetite, or he suffers continuous sickness or diarrhœa, begins to emaciate, and presently here and there furuncles appear, or a breaking out about the lips is observed. Then is it high time to leave off the tartrate. If the symptoms of the insanity are still very serious, and it is important to have recourse to some curative means suited to the condition of the brain, we have, in sulphate of copper, a distinguished, but too seldom tried remedy. In rather a mild degree it operates, at once, quiescingly on the nervous system and the brain, and through its astringent property it serves as an appropriate tonic. I have almost always seen the appetite return, under its influence; and the patient who under the tart. emet. was running into emaciation and cachexy, has become well nourished, and at the same time the mental disorder has not unfrequently disappeared. It is to be given in smaller doses than the tart. emet., at first, say one-fifth of a grain daily, and then slowly increasing, that we may observe whether pain of stomach or nausea results. In numerous cases I have been able, even through a long period, to give large doses without evil consequences; in these instances it does not operate evacuantly, and pass rapidly through, as the tartrate so readily does. The sulphate of copper has this disadvantage, that we can not well give it unless in pill form, as through its unpleasant taste it is repulsive to the patient. If simply united with liquorice extract, it would be taken without opposition.

In some cases in which the tart. emet. operated hurtfully, and the sulphate of copper could not, because of the form,

(pill,) be at all exhibited, I have, with the same indication in view, tried the sulphate of zinc. It also affects not evacuation, but it operates less depressingly on the excited brain, and therefore I have seen but trivial results from it. To one patient whose excitement ceased under tart. antimony, but whose stomach would not bear it, the sulphate of zinc was given. He took two grains four times a day, without any sickness appearing; but the high activity and mental excitement again proceeded, and at the same time evacuation became sluggish, and laxatives were necessary. The sulphate of copper was now given; the excitement passed away, and the patient was cured. In another case I gave sulphate of zinc in one grain doses, four times daily, for several weeks, without any benefit; evacuation became sluggish, the tongue foul, but the excitement of the patient did not diminish.

Under ipecacuanha I have seen diarrhœa cease, but the ceaseless activity and mental excitement increase.

In some patients, in this chronic state, the physician must, because of the continuous excitement, give such depressing remedies as may render them actually quieter, more silent and peaceful, and also less subject to the torment of their own delusions. But as soon as we suspend the medicine, the previous disquietude and excitement return. This occurrence may be often repeated in incurable cases. Finally, in unfavorable issues, the irritability and excitement disappear, and then the patients fall into dementia, or into such a tolerable condition that in the asylum, because of their docility, they may be employed in an active and useful way. In many of these cases the excited state returns only now and then, especially in the spring and autumn; but through the means already mentioned the patients generally soon return to their quiet course.

Frequently the patients, in the chronic stage, suffer from constipation and tardy evacuation, a condition which seems to me to be associated with some affection of the spinal cord. This often requires the use of powerful remedies, such as decoction of senna with tamarinds. Latterly I have used a decoction of cortex rhamni frangulæ, (one ounce in eight,

with some syrup: two tablespoonfuls three to four times daily.) The watery extract of aloes also operates right well, and best in pill form, with a slight addition of tart. emet.; but as the latter in this combination readily causes nausea, it must be given in small quantity. If we give the watery extract of aloes by itself, then we should aim at a permanent benefit, and in a little time augment the dose, and still go on increasing. On the other hand if a little tart. emet. be added—say five grains in sixty pills, of which from two to four may be taken four or five times a day, then the irritability of the bowels increases, so that the earlier doses are no longer tolerated, then we must reduce the quantity constantly, until finally the medicine is no longer needed. Many practitioners order the extract to be taken only in the evening, or only morning and evening, in large doses; but from this plan I have often seen bad results. Aloes operates especially on the colon, and induces in these cases, as I shall hereafter shew it does in sympathetic mania, spasmodic contractions. In consequence of this irritation the hardened matter is not carried off, and the evacuations are irregular, and watery evacuations and constipation alternate. For sixty pills I take fifteen grains of extract aloes, with a little tart. antimony, and the necessary quantity of any bitter extract, and order two or three pills four or five times daily; but sometimes the doses must be increased. The tart. emet., because of resulting nausea, must often be omitted. The admonitions elsewhere already given on this head have force here.

The tendency to watery evacuations, which alternates with constipation, is a most troublesome symptom, and often very difficult of removal. I have often found the combination of extract aloes aquosum with sulp. cupri very beneficial, and have given it in small doses for months together. As to rhubarb I seldom use it, having always found it followed by constipation, and consequently injurious.

In order to alleviate the crampy contractions of the descending colon, we must sometimes add extr. belladonnæ. Usually the efficiency of the extr. aloes aquos. is by this addition increased, so that the latter may be given in smaller doses.

Those substances, also, which act especially on the spinal cord, as *extr. nucis vomicæ*, quinine, *extr. secalis cornuti aquos.*, augment the activity of the *extr. aloes aquos.*, and thereby often effect much good; but I have found the decoct. *ramni frangulæ* most efficient, and therefore I would strongly recommend it. It has the peculiarity, that without causing gastric uneasiness or pain, it effects a complete cleansing out, and it has no disagreeable taste.

When a thick mucous coating of the tongue indicates a considerable irritation of the mucous coat of the digestive canal, then the *extr. aloes aquos.* in conjunction with *muriat. ammon.* is suitable, and by means of it this symptom disappears within a few days. With *tart. emet.* we must here be cautious. It will be decomposed by the *muriat. ammon.*, and then we would have a more powerfully acting medicament.

When the intestinal tube is in an irritated condition, and its accumulated contents pass with difficulty, castor oil will render valuable service; but we should not persistently continue its exhibition. If a patient refuses all medicine, and we see that the mental disorder and excitement, in consequence of tardy evacuation, constantly increases, croton oil may often afford aid if we give it in powder form, say one-sixth or one-half drop, or even in greater quantity added to the food. Frictions on the abdomen may promote peristaltic action of the bowels; but I have, from the rubbing of croton oil on the surface, found no remarkable effect.

HALLUCINATIONS.—To the unpleasant and disturbing phenomena of the chronic stage, appertain hallucinations, or sensational creations, of which I have already recently spoken. They vary according to the various sensuous organs, whose modes of action on the nerves, and especially on the central seat of perception, induce any disturbance. They are not excluded from sympathetic mania, but they signally accompany idiopathic mania, and are here of altogether more especial significance. They most usually indicate a deep and immovable lesion, proceeding from transformation of the brain, which has been produced by an extension of the meningitis towards the basis and the foramina of the cranium,

which is very commonly followed by paralytic symptoms. But all hallucinations are not equally significant. Hallucinations of sight, in which the patient has deceptive perceptions of persons and spirits, occur not very frequently. They are often caused by congestion of the optic nerves, or of the corpora quadrigemina, and then they disappear on application of blood-cups to the neck, or through other derivative means. Without doubt, however, they may be associated with deep-extending and immovable transformations; but in general I have seen them pass lightly away. Not so trivial are we to regard hallucinations of feeling, if we reckon with them the well-known perception of jerkings and formication in the extremities, which are usually symptoms of congestion in the spinal cord or the brain, or the forerunners of apoplectic seizures. Facial sensational illusions betoken morbid change in the trigeminus, and are generally of unfavorable omen.

Aural hallucinations are the most common, and they are the most annoying, for they incessantly disturb the patient and sustain his insanity. In the fictitious sounds he believes he hears the voices of persons and spirits, who persecute him. We need not expect to convince him of the unreality of his own perceptions.

Removal of aural hallucination is very difficult. If the lesion has not existed too long, I have sometimes, by derivatives on the neck, cuppings, issues, setons, &c., succeeded in removing it. Sometimes this form of hallucination occurs in sympathetic mania, in which it is mostly associated with congestions in the uterus, and with menstrual disorder, and then they are not so persistent, and they are more easily removed. Upon the whole, I have found that a patient who only believes he hears an indistinct rustle, sooner recovers than others who hear clearly articulated words. The prognosis is so much the worse if these hallucinations proceed without any intermission. In many patients they are awakened by other sounds: for example, in the singing of birds they believe they hear voices.

After many fruitless experiments to remove these tormenting

symptoms, I finally came to the thought that these aural hallucinations very probably might have some local congestion, and a beating in the small arteries underlying them; for in autopsies of such persons I had often found the marks of a chronic meningitis in the fourth ventricle. I therefore tried the infusion of digitalis, in order to limit the arterial pulsation; and of all remedies this one has rendered me the most express service. Many times under the protracted exhibition of it, a decrease of the hallucinations has been effected, and finally their total extinction. In a couple of cases they returned when the remedy was left off, but they then manifested themselves in a different degree. Digitalis has in many cases, as may naturally be supposed, effected little change. In general, however, it has moderated the suffering, and rendered the condition of the patient more tolerable. I shall, in relation to this remedy, note here merely one case.

A man of forty years old, through abuse of spirituous drinks, fell into mania, with aural hallucinations, a fact not unfrequently observed. He believed he heard every where the voices of his friends, and it was necessary to place him in the Asylum. Because of high activity and redness of aspect, tart. emet. was given in increasing doses. He was thereby rendered more tranquil, but the hallucinations did not subside. An issue in the neck effected a reduction of them, but from time to time they returned. I now gave datura stramonium, a remedy applauded by many, but it effected no change. I then had recourse to infus. digitalis, and continued it a long time: the pulse came down to fifty, and the patient became weak, but the hallucinations ceased. The digitalis was discontinued, and the patient's strength was restored by other means, but the annoying symptom did not return. The man was so far improved that he was able to resume his occupation, though his mental competency had not yet attained its former degree of clearness.

Hallucinations are also manifested in the other senses. In general it is a bad sign when the patient believes every thing has a bad smell. The organ of taste is sometimes the seat of hallucination, and there are patients who will swallow all

sorts of refuse and filth—even their own excrement. This is generally a very unfavorable symptom, and indicates hereditary brain affection, yet I have seen two such patients recover.

Under the causes of hallucinations may be named every thing which may augment congestion of the head: sluggish evacuation, menstrual disorder, hemorrhoids, abuse of spirits, and above all, onanism. I have very frequently seen removed hallucinations re-provoked by onanism. In one case I had, by moderating the brain congestion, entirely removed the hallucinations; but after some time, during the convalescence, the congestion reappeared, in consequence of new indulgence in the vice, which, however, I was fortunately able to suppress. The patient informed me he had this time perceived only a humming noise, and not the voices, as formerly. I used evac-uants, and depressed the vascular action, and by these means the noises ceased. The nose and ears, which during the attack were red, regained their natural color.

SANGUINEOUS EAR-TUMOR.—I have most frequently met with this affection in idiopathic mania. I have observed it only in men, a fact which has been stated by other authors—only a few cases in women have been instanced. The concha swells to the thickness of one or one and a half inch, or even more, and in consequence this part becomes misshaped. Sometimes both ears are affected. If we lay open the swelling, blood issues. Ultimately the concha remains more or less shrivelled.

As to the prognosis I have nothing decided to say. I have seen some patients, notwithstanding ear-tumor, recover; and this happened in one case in which both ears were affected. In others, and these the greater number, the insanity remained incurable. I have not seen any local evil consequences result.

The opening of the tumor is not always to be recommended, although in extreme distension it may be serviceable, and I have not observed any bad results from it. Resorption gradually proceeds without opening; but under poulticing suppuration takes place, and subsequently shrivelling.

The opinion may be entertained that this swelling is attributable to ill-usage. I have, however, seen one case in which an insane person made this complaint, but it was totally unfounded. This same person, at a later period, without any cause, had a similar swelling in the other ear.

CRISIS OF IMPROVEMENT.—If idiopathic mania has already passed into the chronic stage, recovery is usually very slow. The formerly enraged condition recedes, the patient is more tranquil, and passes his nights better. Conversation and rational facts make some impression on him; he is not so completely ruled by his domineering ideas, and he can again read and speak observingly, which he previously could not do. Intervals of lucidity, in which he is no longer in obscurity as to his delusions, appear still more frequently. Improvement now proceeds unobservedly, the patient encounters his delusion less frequently, and it is very advisable not to allude to them, unless he himself introduces them. Sometimes the insanity vanishes almost instantly, as if by a charm; but this is more common in sympathetic mania, in which the brain suffers only secondarily.

The chronic stage of the disease does not, however, always so progress that the excited condition recedes more and more, and recovery proceeds accordingly. Too frequently the adverse transformations manifest themselves. The patient becomes feebler, stiller, and apathetic; the pulse is small, the hands are cool, but the head always shows a higher temperature; the chronic *active* brain affection constantly approximates more and more to the *passive*, and the patient is threatened with dementia, or utter fatuity; and the first attacks of paralysis often show themselves in the articulation of speech, or in tremblings at the angle of the mouth. Under these circumstances the earlier form of treatment is no longer indicated; constant care must however be given to the regulation of the bowels, since constipation even now operates injuriously on the head, and thereby may hinder a possible cure. A stimulating method of cure is now appropriate, and the flores arnicæ are especially suitable. I give it as an infu-

sion, (one-half to two drachms in six to eight ounces,) and I add a little dilute sulphuric acid, to moderate the vascular excitement, or if necessary, some laxative. The doses are to be gradually augmented. From the well-timed exhibition of this medicine I have seen the most marked good results. The patients awake slowly, out of a sleepy, stupefied condition; they appear more lively, the hands are less cool, and the improved radial pulse indicates a more uniform circulation; the unmeaning aspect is lost, the eye is more lively, the appetite which, from the long use of tart. emet. had suffered, is increased, and nutrition begins; the cachectic condition, with tendency to furuncles, disappears, and recovery goes steadily on.

If the patient, on the other hand, becomes still weaker, and the cachectic condition increases; if tendency to diarrhœa, or a dropsical condition exists, and the patient constantly sinks, then I prefer *radix arnicæ* in decoction—one-half to one ounce, in seven ounces—two tablespoonfuls four or five times daily. Practitioners are not wont to give this valuable remedy, and especially in practice among the poor, the consideration it merits. The exciting principle of the *flores arnicæ* conjoins itself in this form with a more tonic property. This remedy has seldom failed me, when I have had to contend with colliquative diarrhœa. It does no less good, however, when no diarrhœa is present, and in many cases of chronic mania it has enabled me to secure improvement to the most hopeless condition. In patients also who have appeared exhausted from onanism, and who already appeared to have fallen into dementia, I have seen recovery take place through *radix arnicæ*: it depends on whether in the progress of meningitis, incurable degeneracy in the brain has arisen. I have with advantage exhibited the *flores arnicæ* and the *radix arnicæ* together, when a more powerful stimulation seemed to be required.

In general the employment of quinine will be superfluous when we use *radix arnicæ*: the former is certainly a tonic, but it lacks the stimulating influence over the nervous system

by which the latter is distinguished. In pauper practice the *radix arnicæ* commends itself especially, because of its cheapness. In far-advanced cachexia I have with good result often conjoined *flores arnicæ* with Peruvian bark.

If through the use of *arnica*, indications of cerebral congestion from the excitation of the brain, appear, we should try to obviate it by blood cuppings and other derivatives, on the neck. But sometimes the irritability of the patient is too strong, and from the use of *arnica* great excitement of the nervous system proceeds. In this case the chronic meningitis is yet in the active stage, and we must for a time return to a quiescing course of treatment.

Radix arnicæ is indicated in cases with involuntary intestinal evacuations and incontinence of urine, (a condition so often met with,) provided the condition otherwise of the patient does not forbid it. If paralytic symptoms appear; e. g. twitchings of the mouth in speaking, stammering, loitering gate,—then the *arnica* still operates beneficially; and in some cases of this sort, I have even seen recovery.

Nux vomica may, at the outset of paralytic symptoms, operate beneficially, and in the advanced stage, till dementia lays hold of the patient. However, I have more seldom seen good results from it than from *flores arnicæ*.

If the debility proceeds not so much from nervous discordance as from cachexia, and defective plasticity of the fluids, which is indicated by dropsical symptoms, and may even arise from progressing weakness of the nervous system, then is iron our best medicine. As a tonic it frequently benefits nervous affections without increasing the susceptibility of the nervous system.

Powerful derivatives may, in such circumstances, also be tried; as the unguent. *Autewreithii*, on the neck, or the apex of the head; but we must guard against purulent deposits under the skin, which by the protracted use of this remedy, readily form. We can also apply a moxa, on the scalp; for which purpose cotton-wool steeped in a solution of saltpetre, is suitable. I have frequently made an incision on the top of the head; and this is best in a transverse direction, so that the wound

better remains open ; and I carry it down to the pericranium. The incision is not very painful, and it is quickly made. The occurring flow of blood serves as a derivation at the same time. A couple of small peas may be set in the incision, in order to promote suppuration. I have seen two patients by this means restored. I have never seen evil results from this experiment, though I have frequent recourse to it ; but I must remark that other physicians have assured me they have seen them. If we fail in restoring the patient by this means, he gradually and persistently collapses, he becomes totally foolish and stupid, and generally frequent paralytic symptoms are presented. An apoplectic seizure usually at last, brings his unfortunate life to an end.

STUPIDITY—TORPOR.—This peculiar stupidity is to be distinguished from that condition of stupefaction and torpor which Etoc Demazy has well described. The patient sits immovable, without answering a question ; he never moves the eyes, the pupils of which however, are not enlarged ; he does not direct his attention to anything around him, and he appears totally without thought. In severer degrees of the malady, the mouth is not even ever shut, and the saliva flows perpetually over the chin ; hunger itself seems never to be felt, which is wont to cause disquietude to idiots. Both urine and fæces pass away involuntarily.

Etoc Demazy finds in this condition œdema of the brain, and I will not contradict him ; but I have not always found the brain soft, though compressed, and the convolutions flattened. Compression of the grey portion appears to me to be the real cause of this condition.

Etoc Demazy has seen some cases cured, but he admits that his therapeutics leave much to be wished for. In fact he recommends, without distinction, and in the same mixture, purgatives, diuretics, sudorifics, sialagogues, and revellants. He records one case in which a large blister over the head, brought about recovery.

Formidable as the symptoms may appear, we must not confound these cases with dementia, and regard them as incur-

able. I have seen more than one patient of this sort recover, mainly through incision of the scalp. In one case a seton, accompanied by the use of purgatives and emmenagogues, was effectual. Blood cuppings on the neck may also be beneficial.

DEMENTIA AND IDIOCY.—I shall not enter into a complete depiction of the various symptoms of Dementia, from the assemblage of which it makes itself clearly understood, for in it we have present an incurable condition. I shall merely state that such patients may by good treatment, be rendered quite tractable and useful; they are, in general, the most thrifty and laborious residents of insane asylums, and under gentle usage, they are easily led, and are very willing. The more appropriately the moral treatment is conducted, and the more cared for, in order that every annoyance and disturbance may be removed from them, so much the more tranquil is the asylum in which they are lodged usually found.

If apoplexy has occurred, then more or less of paralytic symptoms are observed. In some patients, memory suffers, and especially the remembrance of *words*: they then give to everything another name. For example, they speak of a house when they wish for food, and they are quite astonished and provoked if we understand not what they wish. Others lose memory totally, and now live only in their boyhood, the remembrance of which remains to them. Others become evermore paralytic, or epileptic seizures occur.

As regards Idiotism, or congenital insanity, I am totally silent. Here a little may be done by moral means, but by medical treatment nothing. This condition falls not within my province.

[To be Continued.]

PENNSYLVANIA HOSPITAL FOR THE INSANE.

DEPARTMENT FOR MALES.

BY THOMAS S. KIRKBRIDE, M. D.

The original Pennsylvania Hospital, of which the Pennsylvania Hospital for the Insane is a branch, was established as early as the year 1751, and was the first institution in America in which special provision was made for the care and treatment of the insane. Although in its early days it received some assistance from the colonial and State governments towards the erection of the original buildings, its main dependence has always been upon the contributions of benevolent individuals. It has always had two departments, one for the sick and cases of accidental injury, and the other for the insane. That for the sick continues to occupy the original site, on the square between Spruce and Pine and Eighth and Ninth Streets, in the city of Philadelphia, and is every year widely diffusing its benefits throughout the community. Into this building the insane, too, were received till the first day of the year 1841, at which date an entirely new structure, called the "Pennsylvania Hospital for the Insane," was opened for the reception of patients, and since that period no cases of insanity have been admitted into the building first referred to. This new hospital was located on a fine farm of 113 acres of land, two miles west of the river Schuylkill, between the West Chester and Haverford roads (now Market and Haverford Streets,) on the latter of which is its gate of entrance. The new establishment and the land on which it stands was provided entirely from the proceeds of sales of certain vacant lots surrounding the old building, which had never yielded any revenue to the hospital, and which originally had cost the institution but about \$10,000. Beginning with 93 patients, received from the parent institution, the number gradually increased, till, by the year 1853, every room was occupied, and from that time forward, even with almost constantly crowded wards, it became necessary to decline many cases that sought admission to the

hospital. Under these circumstances, it was obvious that new accommodations must be provided, or the institution could not maintain its high character, nor our own citizens find, within the commonwealth, adequate means for the treatment of the cases of insanity which were of such frequent occurrence. Believing that this institution possessed peculiar advantages for providing these additional accommodations, and that the experience which had here been derived from a careful study of the disease and a familiarity with the requirements of establishments for its treatment, could be made available in the erection of a new structure, it was suggested in the annual report for the year 1853, "that a new hospital, replete with every modern discovery and all the improvements suggested by a large experience, and capable of accommodating 200 male patients, should be erected on the 70 acres of land now comprising the farm of the institution, and directly west of its present inclosed pleasure-grounds; while the present building, with everything included within its external wall, should be given up for the exclusive use of a similar number of females." These suggestions were at once approved by the Board of Managers, and subsequently with entire unanimity by the contributors at their annual meeting in the year 1854. An appeal to the public for contributions to this object was soon after issued, a collecting committee appointed, and the result of their labors has been the erection, from this source alone, of an entirely new edifice, capable of accommodating in a very superior manner 250 patients, with ample apartments for officers, attendants, and others employed, and with every arrangement which seemed likely to promote the comfort and restoration of the sick, and the efficiency, usefulness, and economical management of the institution.

The Pennsylvania Hospital for the Insane, therefore, as now constituted, consists of two distinct buildings, each complete in itself, having separate pleasure-grounds and inclosures, both situated, however, on the same tract of 113 acres of land originally purchased by the institution. The hospital just completed is styled "the department for males," and

that which has been in use during the last nineteen years "the department for females." Both departments remain as heretofore under the charge of a physician in chief, and who now has as associate officers one or more assistant physicians, a steward, and a matron in each building.

The building now known as "the department for females," and the various improvements which from year to year have been added to the original structure, have been fully described in the eighteen annual reports which have already been published; and the character of the repairs and alterations now in progress, and which will tend to add greatly to the cheerfulness and completeness of its arrangements and the comfort of the patients, may be referred to in detail on some future occasion. It is intended to facilitate communication between the two buildings by means of the telegraph, and one of our citizens has offered a liberal contribution towards putting a wire suspension-bridge over the meadow which separates the two pleasure-grounds.

From the opening of the Pennsylvania Hospital to the year 1841, when it ceased to receive cases of insanity (a period of 89 years,) 4,366 insane patients were admitted. Of these 1,493 were cured, 913 discharged improved, 995 were removed by their friends without material improvement, 246 eloped, 610 died, 93 were transferred to the new building, and 16 retained at the date referred to.

In the nineteen years that the "Pennsylvania Hospital for the Insane" has been in operation, 3,360 patients have been admitted, and of these 1,656 have been discharged cured, 766 in various states of improvement, 312 as stationary, 363 died, and 254 remain under care.

The first stone of the new hospital, "the department for males," was laid on the 7th of July, 1856, and it was opened for the reception of patients on the 27th of October, 1859. It is situated in full view and on the western side of the building previously in use, at a distance in a right line of 648 yards, and in the midst of fifty acres of pleasure-grounds and gardens, the whole of which are surrounded by a substantial stone wall, covered with flagging, and of an average

height of ten and a half feet. The gate of entrance is on Forty-ninth Street (an avenue intended to be 100 feet wide,) between Market and Haverford streets, and by each of which, by means of horse railroads, easy access to Forty-ninth Street can be had at all seasons.

This new hospital faces the west, and consists of a centre building, with wings running north and south, making a front of 512 feet; of other wings, connected with each of those just referred to, running east a distance of 167 feet, all three stories high, and these last having at their extreme ends communications with extensive one-storied buildings. All the exterior walls are of stone, stuccoed, and the interior are of brick.

This arrangement gives provision for the accommodation of sixteen distinct classes of male patients in the new building, as the same number of classes of females are now provided for in that previously in use. Each one of these sixteen wards has connected with it, besides the corridors for promenading and the chambers of the patients and attendants, a parlor, a dining-room, a bath-room, a water-closet, a urinal, a sink-room, a wash-room, a drying-closet, a storeroom for brushes and buckets, a clothes-room, a dumb-water, a dust-flue, and a stairway passing out of doors, if desired, without communication with the other wards; and every room in the building, almost without exception, has a flue communicating with the fresh-air duct, for warm or cool air, according to the season (and hereafter to be referred to,) and with the main ventilating trunks which terminate in the various ventilators on the roof of the building.

The center building is 115 by 73 feet. It has a handsome Doric portico of granite, in front, and is surmounted by a dome of good proportions, in which are placed the iron tanks from which the whole building is supplied with water. The lantern on the dome is 119 feet from the pavement, and from it is a beautiful panoramic view of the fertile and highly improved surrounding country, the Delaware and Schuylkill rivers, and the city of Philadelphia, with its many prominent objects of interest. In the basement or first story of the cen-

the building is the main kitchen, 42 by 24 feet, in which are improved arrangements for cooking: a scullery, 24 by 11; two storerooms, each about 20 by 22 feet; a trunk-room, 24 by 12 feet; a general clothes-room, a bread-room, a dining-room for the officers, another for the domestics, a lodging-room for the seamstress, another for the supervisor of the basement, a stairway to the main story, and a dumb-waiter leading from the kitchen to the cellar, and another to the upper rooms of the centre building. The cellars under the centre building, besides containing the hot air-chambers for that division of the house, have three distinct rooms for storage, which are ventilated by means of flues leading out through the roof of the house. In front of the basement, and under the steps and adjoining roadway, are the vaults for coal for the kitchen and bake-room, and the ice-house, the latter being ventilated as mentioned for the cellars, and carts unload into both, through openings in the blue stone flagging, which forms the roadway upon the arches below. Adjoining the ice-house is a small apartment, with stone shelves for keeping food cool in summer; and along side of the coal-vault is a space for the offal from the kitchen. There is also a small kitchen near the scullery, and intended for the superintendent's family, whenever it is required for the purpose. In one of the storerooms is a dark apartment, and in another the tanks for the oxygen and hydrogen gases used for the dissolving apparatus.

On the second or principal story is the lecture-room, 42 by 24 feet, in the lecturer's table of which, water, steam, and gas, for experimental purposes, have been introduced. It also contains commodious cases for apparatus, a black board running on a track behind the cases, and a smooth surface, 24 by 18 feet, at its eastern end, on which the dissolving views are shown. On the opposite side of the main corridor is a reception room for visitors, and a room for visits to patients by their friends, each being 24 by 23 feet. There are also on this floor two small rooms for more private visits, the medical office and library, which is also the assistant physi-

cian's office, 24 by 14 feet, with a small storeroom, containing a sink, &c., adjoining; the lodging-room for the assistant physician having charge of the medical office, with which it communicates; a general business office, which is also that of the steward, 24 by 20 feet; a manager's room, 24 by 19 feet, which is also the principal physician's private office; a parlor, 24 by 19 feet, for the use of the officers of the house; and a fire proof, 11 by 9 feet, in connection with the general business office. In the third story front are four fine rooms, each 24 by 21 feet; a corridor, 42 by 16 feet, shut off from the adjoining portion by a ground glass partition; a bathroom, water-closet, and clothes-closets, intended at some future day for the use of the family of the superintending physician, whenever such an officer may be specially connected with that department. There are also on this floor, chambers for the steward and matron, for the senior assistant physician, three others that may be used as deemed expedient, and a room, 24 by 11 feet, lighted from the roof, and intended for a general storeroom for the bedding and other dry goods not actually in use.

The corridors of the centre building, running east and west, are sixteen feet wide; those running north and south, in which are the stairways, lighted from the roof, are twelve feet wide.

The height of the ceiling of the basement in the centre building and of all parts of the wings and one storied buildings, except the upper story of the wings, which is one foot more, is twelve feet. The ceilings in the second or principal, and in the third story of the centre, are eighteen feet high.

The wings on each side of the centre building are almost exactly alike, except that on the south side in front, in the basement immediately adjoining the centre, is the ironing-room, 28 by 11 feet, with a drying-closet, 11 by 11 feet, attached, and in the rear the small kitchen already referred to and the lodging-rooms of the female domestics; while on the north side, in corresponding positions, are the bake-room, the baker's store and lodging-rooms, and the lodging-room of the hired men not employed in the wards. On this floor, on each

side of the centre, is also a museum and reading-room, 42 by 14 feet, and accessible either from the grounds or from the inside of the building, two work-rooms for the patients, two lodging-rooms for persons employed in the work-rooms, a bath-room for the officers and another for the domestics, two water-closets, &c. The portion of the wing just described is shut off from the adjoining part (which constitutes the fifth ward) by a thick ground glass partition; this ward having in it a large room, 29 by 24 feet, with a bath-tub and water-closet in a recess, another 24 by 14 feet, a third 23 by 11 feet, and five rooms 11 by 9 feet, a bath-room, drying-closet, and all the other conveniences already mentioned as forming a part of each ward. These apartments and arrangements are intended for patients who are particularly ill, and who require special quiet and seclusion, where they may be visited, if deemed expedient, by their friends, without annoyance to others, or interfering with the discipline of the house.

Besides the fifth ward, just described, and which is on the first floor, there are on each side of the centre, two other stories, each of which constitutes a ward, and with all the conveniences already referred to. The rooms are arranged on both sides of the corridors, which are twelve feet wide, and have their extreme ends mostly filled with glass; while wherever one wing joins another, there is entirely across it an open space for light and air, eight feet wide, glazed with small sash from near the floor to the ceiling; and in the middle of each ward, on one side, is a similar open space, all of which may be used for keeping flowering plants, birds, &c., for having small jets of water or any other object of interest, and which, in excited wards, may be guarded by ornamental wire-work. Each story of the return wing makes a ward similar to those just described.

Passing from the return wings into the supervisor's office, the one-storied buildings are reached. Each of these has provision for twenty-six patients and six attendants, and every arrangement for their comfort. The rooms are here on one side of a corridor ten feet wide, and at the end of each of those running towards the east is a cross hall, in which are

three rooms intended particularly for patients who from any cause may require special seclusion. One of the main halls is used for dining, and the other as a sitting-room. Between the dining-halls of these two wards (the seventh and eighth,) and made private by sliding doors, are four rooms intended for excited patients, who have special attendants. Opposite these last is a room 110 by 14 feet, with an arched ceiling 15 feet high, with skylights and windows out of reach, intended to be used as a kind of gymnasium, and accessible either from the adjacent garden and yards, or directly from the wards; and in the story below this is a room of the same size, in which are two fine bowling-alleys, with reading-tables, &c. Both these rooms may be well lighted with gas, and warmed by steam-pipe, so that they can be comfortably used in the evening as well as by day, and in all kinds of weather.

The arrangement of these one-storied buildings makes for each, two very pleasant yards, in size 110 by 54 feet, surrounded by broad brick pavements, and having grass in the centre, with an open iron palisade in front, giving a distinct though sufficiently distant view of two of the most travelled roads in the vicinity. There is also a yard, 343 by 72 feet, adjoining each sixth ward, fitted up as the others, and planted with shade-trees. Brick pavements also surround the entire building, making, with those just referred to and those in front, a continuous walk of 6,152 feet.

ENTRANCE.—The entrance to “the department for males,” as before mentioned, is from Forty-ninth Street, between Market and Haverford streets. The gatekeeper’s lodge has two comfortable rooms on the north, while on the opposite side of the gateway is a dead-room, and another for tools used about the grounds. Brick paths on either side of the main roadway lead to the centre building, and the space in front, planted with evergreen and ornamental trees, and having a fountain in the central grass-plat, is 325 by 175 feet. From the front platform eight steps lead up to the vestibule, and seven steps inside of the building to the level of the principal floor. Visitors passing into the centre building may go out upon a pleasant balcony on its eastern side, and overlook the im-

provements in that direction, but they cannot pass through the grounds.

Ten steps descend from the roadway to the pavement around the basement, which, except immediately at the front of the centre, where it is surrounded by a wide area, with sodded banks, is everywhere above ground.

There is also a gate on Market Street, near the engine-house, used for bringing in coal or other heavy articles, and another on the eastern side of the grounds, for the use of the officers of the hospital only.

ENGINE-HOUSE AND LAUNDRY.—The engine-house, 71 feet from the nearest point of the hospital building, is a substantial stone structure, 70 by 64 feet, and two stories in height. The character of the ground is such that carts drive into the second story to discharge the coal directly into the vaults below, and the level of the railroad in the cellar of the hospital brings it upon the second floor of the engine-house.

The first story, on the level of the ground on its southern and eastern side, contains vaults capable of containing near 500 tons of coal. Adjoining these vaults is the boiler-room, 30 by 17 feet, and opening into the engineer's work-room, in which will be placed lathes, grindstones, pipe cutting machines, &c., driven by the engines which are in the engine-room, 23 by 19 feet in size, and separated from the last by a glass partition; while further west, also separated by glazed windows and doors, is the fan-room and the tower for supplying fresh air to the main duct, which leads from it, through the entire building. The height of ceiling in this story is 17 feet, and it is arched over the engine-room and the engineer's work-room, so as to give a proper support to the stone floor of the room above. In the second story of this building, into which the railroad passes, is the wash-room, 27 by 24 feet; the room for assorting and folding clothes, 24 by 14 feet; the mangle-room, 43 by 8½ feet; the drying-closet, occupying a space 26 by 13 feet; a water-closet; and a large room over the coal-vaults and boilers, surrounded by movable

blinds, and intended for drying clothes without the use of artificial heat, for making soap, &c.

THE CARPENTER SHOP, 36 by 50 feet, is of frame, two stories high, and 45 feet from the engine-house, from which steam may be taken for warming it in winter. It has two rooms below, and a single large one above.

THE CARRIAGE-HOUSE AND STABLES make a neat stone structure, 57 by 36 feet, and two stories high. It has accommodations for six horses and as many cows, and the carriages required for the different purposes of the institution. The lower floor is of cement, brick, or blue stone. The piggery is in the yard in the rear of the stables, and there is a carriage-yard in front, both being surrounded by a stone wall.

SIZE OF ROOMS.—The height of the ceilings throughout the building, and the size of the parlors and of all the rooms in the centre building, have been already given. The ordinary size of the patients' lodging-rooms is 9 by 11 feet, while there are some in each ward of a much larger size, many of which have communicating doors, and are intended for patients who desire a parlor as well as a chamber, or for those having special attendants. The parlors in the first and third wards are 33 by 24 feet, and in the second, fourth, and sixth they are 23 by 30 feet. The dining-rooms are generally 23 by 17 feet. The bath-rooms are mostly 9 by 11 feet. Sixteen rooms in each one storied building have water-closets in them, firmly secured, and with a strong downward draught. The sides of doors and windows in patients' rooms are generally rounded, by being built of brick made expressly for the purpose, and smoothly plastered.

WINDOWS AND WINDOW GUARDS.—The windows in patients' rooms are almost universally 6 feet by 2 feet 9 inches, having twenty lights of glass, 6 by 17 inches, in each. In the front wings adjoining the centre, and in the third story of the return wings, both sash are of cast-iron, secured in wooden frames, so arranged as to balance each other, rising and falling only to the extent of five and a half inches, and doing away with the necessity for guards. In the other parts of

the return wings, and in the one-storied buildings, the windows are of the same size, have the upper sash of cast-iron, and immovable, the lower being of wood, rising to its full extent, and protected by an ornamental wrought-iron guard, securely fastened on the outside. A few rooms in each one-story building have small windows out of reach of their occupants, and intended for the temporary seclusion of very violent or mischievous patients. In other parts, as well as in this, wire screens inside of the rooms are occasionally used to protect glass, and ornamental wire-work is adopted in some of the parlors, at the ends of corridors, and in other similar positions, as a guard outside of the windows.

DOORS.—The doors throughout are made of the best white pine lumber. In the wards they are $1\frac{3}{4}$ inches thick, 6 feet 8 inches high by 2 feet 7 inches wide. Each door has eight panels in it, one of which makes a hinged wicket, and what is commonly known as bead and butt, very substantially put together, and wherever special strength is required it is obtained by transverse pieces of iron let into the wood, or by plates of boiler-iron screwed on, and painted so as to resemble an ordinary door. Each door has a good dead-lock to it, and occasionally a mortise-bolt is added. Over each door is an unglazed sash, 31 by 17 inches, covered with fine wire on the inside, or a space 31 by 5 inches, which can be filled up at pleasure by a tight board or by wire. Lift hinges have been used for all these doors, which for patients' lodging-rooms always open into the corridors.

FLOORS.—The floors throughout are of the best yellow pine, cut to order in Florida, and piled up on the grounds two years before it was used. The boards are one inch and a quarter thick, varying in width from two and a quarter to four inches, and put down with secret nailing. Counter-ceiling is everywhere used. The only exception to this kind of flooring is in the two kitchens, the scullery, a space in the basement hall in front, the bake-room, all the sink, water-closet, and wash-rooms, the line between different wards, the entrance to the stairways, and the main wash-room in the

engine-house, which are of brown German flagstones, laid on brick arches; the engineer's work-room, which is paved with brick; the front of the boiler-room, which is of iron and blue stone flagging; and the engine-room, one sink-room, and all the ward stairways, which are of slate, admirably adapted to such a purpose, and from the quarries of Eleazer Jones & Co., at East Granville, N. Y., and which has also been used extensively for window-sills, stairways, and other purposes.

STAIRWAYS.—All the stairways in those parts of the building occupied by patients are fire-proof. The frame-work is of cast-iron, built into the brickwork on each side, and covered with slate, which has many advantages. The rise of these steps is only seven inches, and there are platforms every five or six steps, with convenient hand-rails on both sides, from top to bottom. They are all well lighted by windows by day and by gas at night. The well around which the stairs wind is used for hat or coat-rooms, for the different stories.

PLASTERING.—The inside plastering is what is called hard finish, composed of lime and sand, without plaster of Paris, except for ceilings, and well trowelled. This finish admits of being scrubbed for years without injury, and is at all times ready for painting. The outside of the building is roughcast, the material used being the pulverized stone of which the house is built and lime, to which an agreeable shade of color is given by a sand obtained in Montgomery County. Hydraulic cement is used near the ground in certain positions, in many of the sink and wash-rooms, in the kitchen and scullery, in the main wash-room, and as a substitute for the ordinary wash-boards in many of the ward corridors and patients' chambers.

ROOFING.—The roof is of Pennsylvania slate, fastened on lath, and plastered with hair mortar on the under and upper edges and on the joints of the slate. The pitch is one-fourth of the span. The water from the roof is carried off, through four inch cast-iron pipes inside of the building, and easily accessible, into large drains leading into the main culvert.

SEWERAGE.—The main culvert is 2,032 feet in length. It is 35 inches from top to bottom in the clear, built of brick laid in hydraulic cement, egg-shaped, the smaller part being at the bottom. Beginning near the intersection of the north return wing and one-storied buildings, at which point it receives various pipes from the adjacent wards, it passes under the main chimney, by the engine-house and barn, and extends to Mill Creek, into which it discharges just before it reaches Market Street. Through this culvert all the drainage from the building and much of the grounds is carried off, being intersected by branch culverts at various points in its course.

BATH-ROOMS, WATER-CLOSETS, &c.—There are twenty-one bath-rooms and as many water-closets in the building, in addition to those in the patients' rooms. Sixteen are in the wards. Each bath-room has in it a cast-iron bath-tub, covered with zinc paint, and with improved arrangements for the admission and discharge of water through the bottom. In addition to the ordinary hot air flue, there is a coil of steampipe for direct radiation in each, so that when hot baths are used the temperature of the room may be made so high as to prevent the sensation of chilliness, when coming from the water. The waterpipes in these rooms are generally of galvanized iron, left exposed, so as to be readily accessible, and passing from story to story, through castings made for the purpose, so that in case of leakage the ceilings may not be injured.

The water-closets are of cast-iron enamelled, have no traps, but are open, so as to have a constant downward draught of air through them into the main chimney, as have all the sinks, bath-tubs, &c., in the whole establishment. The water is let on by the opening of the door.

The wash-basins in the wash-rooms are of marble, with strong swing-cocks. The sinks are of cast-iron, and have hot and cold water at each. There is also an iron hopper to each, and into which the slops, &c., are emptied. There are permanent fixtures for securing the towels in each wash-room. The drying-closets are sufficiently large to contain a bed, and,

like the closets for buckets, &c., have flues leading into and from them, and thus secure a direct communication with the fan below and the ventilating ducts above. All these arrangements in each ward are clustered together, and have scarcely any wood in any part to absorb moisture or retain unpleasant odors.

SUPPLY OF WATER.—The new hospital is supplied with water from a well 25 feet in diameter, containing 50,000 gallons, and into which, as measured at the driest period of the last year, is a daily flow of 30,000 gallons of excellent water. There is also a constant small stream of spring-water passing near the well, which can at any time be turned into it. By means of one of Worthington's combined direct acting steam-pumps, capable of raising 10,000 gallons per hour, this water is forced through 708 feet of six-inch cast-iron pipe into the four boiler-iron tanks in the dome, and from which it is distributed through the entire building. These tanks are 103 feet above the well, and contain 21,000 gallons. They are so arranged that one or all may be used at pleasure, have overflows, and pipes through which they may have the sediment washed out whenever deemed desirable. The elevation of these tanks is sufficient to secure the feeding of the steam-boilers when carrying a pressure of forty pounds to the inch. These tanks were made at the works, and put in place before the roof was on the building. It is intended that they shall always be about full of water, and a small pipe leading from them to the engine-house tells the engineer on duty when that is the case. There is also in the engine-room, a single Worthington steam-pump, capable of raising 5,000 gallons per hour, and intended to prevent any possible deficiency of water, should an accident happen to the larger engine. The rule is that both should be used some part of every day, so that in case of emergency there may never be a doubt of their being in working order.

The tank for supplying the centre building with hot water is 12 feet in length and 23 inches in diameter, and is placed above the cooking-range, the heat being supplied through

circulating pipe from a water-back behind one of the range fires, and is abundant for all purposes. The supply of hot water for the wards is derived from six iron tanks, placed in the most convenient points in the cellar, in which situations they are easily accessible, and leakages can do little injury to the building. The heat is derived from steam coils coming from the summer pipe (as it is called,) used for cooking and all other purposes except warming the building. The large steam-boilers at the engine-house are supplied with hot water by the condensed steam used in heating, which ordinarily returns to them by gravity; but when it does not, is received into an iron tank, and forced into them by a small steam-pump. The laundry has hot water from a large tank placed in the oven which covers the boilers, and through which the exhaust steam from the engines and pumps can be made to pass whenever desired, and which may be also used for feeding the large boilers. There are three wells of excellent water besides, at convenient points near the building, and which supplied all the water required in its erection. A fourth is now being sunk near the stables.

LIGHTING.—The hospital is lighted by gas from the city works on the eastern side of the river Schuylkill. The fine meter, from Code, Hopper & Gratz, is placed in the engine-room, and a record is made every morning of the consumption during the preceding night. Stop-cocks are placed at convenient points for checking the flow of gas through the main pipes, and the ordinary kinds of fixtures have been adopted throughout the building. The gas is also used for experimental purposes in the lecture-room, and for boiling water, &c., in the medical office.

FURNITURE.—The furniture is intended to be neat and plain, but of a comfortable and substantial character, the amount in the various apartments being in a great measure dependent on the character of the patients occupying them. Carpets of some kind generally cover the parlors, and some portions of the corridors and chambers. Wardrobes, tables, mirrors, and other conveniences are frequently added to the bedsteads,

which are of various kinds, mostly of wood, but many are of wrought or cast-iron, painted of a light color, a few of which last are secured to the floor.

HEATING AND VENTILATION.—There is no fire used in any part of the hospital for heating, although provision for open fires has been made in all the parlors and in many of the other large rooms, should such an arrangement ever be deemed desirable. The only fires kept up in the building are those in the kitchens, bake and ironing-rooms.

In the boiler-room at the engine-house there are three large tubular boilers. Each of these has a furnace 5 feet 3 inches wide by 5 feet 3 inches long, and 7 feet 4 inches high. The shell is 17 feet 8 inches long by 4 feet 6 inches in diameter. Combustion chamber 4 feet long, and 98 tubes $2\frac{1}{2}$ inches in diameter and 11 feet long. The total heating surface for each is 744 square feet. The grate surface is $20\frac{1}{4}$ square feet. The escaping gases enter a common flue, and the draft can be regulated by a damper at the back end of each boiler, or the supply of air graduated by a register in the ash-pit door.

These boilers furnish steam for warming the entire hospital, and for driving all the machinery, pumping water, for ventilation, washing, cooking, &c. They are so arranged that one or all may be used at pleasure, either for heating or driving the machinery. The steam is carried from them in a five inch welded iron pipe, and after reaching the hospital building, it is distributed in eighty-three air-chambers, placed in its cellar, with direct flues leading from them to the apartments above. The gases from the boiler fires pass through an underground flue, four feet wide and six feet high, a distance of 557 feet, rising 31 feet in its course, till it comes to the foot of the main chimney, which is 78 feet above the surface of the ground. The chimney is built double, the interior being round, formed of hard brick, without parging, six feet in diameter in the clear from bottom to top, the latter being formed of cast-iron, while the foundation is of pointed stonework to a height of eleven feet, and the remainder of pressed brick. The underground flue alluded to contains the main

steampipe until it reaches the nearest point of the building, and also that portion of it which is carried to the north section of the hospital, and is immediately over the main culvert.

This chimney is made the ventilating power for securing a strong downward draft of air through all the water-closets, urinals, sinks, and bath-tubs in the entire establishment, and for this reason is placed in a central position on the eastern side of the building. The coils for heating are composed of welded iron pipes, three-quarters or one inch in diameter, and are in two sections in all the air-chambers, so that one or both may be used, according to the severity of the weather.

In the engine-room are two horizontal high pressure steam-engines, of fine finish, from the works of I. P. Morris & Co. They are exactly alike, each having a cylinder 10 inches in diameter, and a stroke of 24 inches. They are so arranged that either may be substituted for the other, and one may be made to do the work of both in case of emergency. Ordinarily one drives the fan, and is therefore a part of the ventilating apparatus, while the second drives all the other machinery. The fan, made by Wm. Sellers & Co., is of cast-iron, its extreme diameter being 16 feet, and its greatest width 4 feet. It is driven directly from the shaft of the engine, and its revolutions vary from 30 to 60 per minute, according to the requirements of the house. The fresh air is received from a tower, 40 feet high, so that all surface exhalations are avoided, and is then driven through a duct, which at its commencement is $8\frac{1}{2}$ by $10\frac{1}{2}$ feet, into the extreme parts of the building. From the cold air-duct, openings lead into the different warm air-chambers, which in the one-storied buildings are covered with slate; but in all other parts of the hospital these chambers and air-ducts are arched with brick, laid with smooth joints. The warm air in nearly all cases is admitted near the floor, and the ventilators open near the ceiling, always in the interior walls. The only exception to this arrangement is in the one-storied buildings, in which, in the patients' rooms, the warm air is admitted above, and the ventilators are taken off near the floor. All the ventilating flues terminate in the attic in close ducts, either of brick or wood, smoothly plas-

tered, increasing in size about thirty per cent. more rapidly than the capacity of the flues entering them, and by which, through the different belvederes on the roof, they communicate with the external atmosphere. In the centre building the ventilation is through the main dome.

All the pipe used for heating and water, the bath fixtures and water-closets, were made at the works of Morris Tasker & Co.—and the entire apparatus was arranged and put up by the institution, under the direction of its building superintendent. There is no leaden pipe used in the building.

COOKING AND DISTRIBUTION OF FOOD.—All the cooking is done in the central kitchen, which has in it a large range, with two fires and three ovens, a rotary roaster, a double iron steamer containing ninety gallons, a smaller one, iron outside and copper-tinned on the inside, containing forty-five gallons, and six of tin for vegetables, besides the vessels for tea and coffee. The food prepared in this room is put into closed tin boxes, which are lowered by a dumb-waiter to the car standing on the track of the railroad, where it passes under the kitchen, and is thus conveyed to the bottom of the various dumb-waiters, which lead directly to the different dining rooms above, of which, as before remarked, there is one for each ward. Each dining-room has a steam-table, with carving dishes on it, and abundant provision for keeping meats and vegetables warm as long as may be desired. The dumb-waiters are all controlled by the person having charge of the railroad; they are moved by a crank and wheel, and wire-rope is substituted for that commonly adopted.

The railroad is an indispensable part of the arrangements for distributing food. By its use a meal may be delivered in all the ward dining-rooms (eight in number) on one side—the extreme ones being 580 feet distant—in ten minutes after leaving the kitchen, or for the whole sixteen in twenty minutes. It also forms a very convenient mode of transporting articles from one section of the building to another, carrying clothing to and from the laundry, and gives a protected passage-way in going from the centre building to the engine-house, barn,

and work-shop, and for persons visiting their friends in the room set apart for the purpose between the sixth and seventh wards.

PROVISION AGAINST FIRE.—As already mentioned, no fires are required in the building for warming it, and gas is used for lighting. Wherever one wing comes in contact with another, or with the centre building, all the openings in the walls, which extend up through the slate roof, have iron doors in addition to the ordinary wooden ones, and which may be closed at pleasure. The floors of the kitchen and bake-room, in which alone fire is used, are of German flagstone laid on brick arches, and all the stairways in the wings are fire-proof. It is intended that there should always be about 20,000 gallons of water in the tanks in the dome of the centre building, and 15,000 gallons per hour may be placed there by the pumping-engines. A standpipe connected with this reservoir passes into every story and into every ward, in all of which it is intended to have a piece of hempen hose constantly attached, so that by simply turning a stopcock, water may be put on a fire almost as soon as discovered. A steam-pipe also passes up into the attic of each wing, and as one of the large boilers is constantly fired up, steam may at any moment be let into the building by simply turning a valve in the cellar. Hose is also kept near the steam-pumps, so that it may be promptly attached, and water thrown, on the barn, carpenter shop, engine-house, and contiguous parts of the hospital. A watchman is constantly passing through the house at night, and by means of two of Harris' watch-clocks, as made by H. B. Ames, of New York, there is no difficulty in ascertaining, not only how often each ward is visited, but almost the moment the visit was made, and of course the time taken in passing from one ward to another.

LAUNDRY ARRANGEMENTS.—The clothing, bedding, &c., collected in the different wards, after being sent to the cellar, are conveyed from that point by the railroad to the room for assorting clothes in the engine-house, and thence into the large wash-room, in which, besides the usual washing, rinsing, and

blue tubs and soap vat, is one of the valuable Shaker washing-machines, in which six different kinds of clothes can be washed at the same time, and a centrifugal wringer, both of which are driven by one of the steam-engines. From the wringer the washed articles are taken to the drying-closet, in which, by means of the heat derived from the exhaust steam from the engines passing through a large amount of cast-iron pipe, and fresh air from the fan, they are in a very few minutes made ready for the mangle (also driven by steam power,) or folded and taken by the railroad to the ironing-room near the centre building, to which they are raised by the dumb-waiter already referred to, or are sent directly to the principal clothes-room, from which they are distributed by the same route, as they may be required in the wards. All the divisions of the washing-machine, of the rinsing and washing tubs, have hot and cold water and steam introduced directly into them, and the water from them all is carried off under the stone floor of the room to one of the iron columns below, through which it passes into the culvert on the outside of the building.

PLEASURE GROUNDS, GARDENS, AND YARDS.—This new hospital is situated in the midst of its pleasure grounds, embracing about fifty acres, and from most parts of which are fine views of the surrounding country; the boundary wall being so arranged, from the natural character of the ground, or made so by excavations, that little of it can be seen from any part of the building that is occupied by patients. There are two pleasant groves of natural forest trees within the inclosure, and several hundred others, evergreen and deciduous, that have already been planted or collected for the purpose, will give an ample amount of shaded drives and walks. A carriage-road has already been made on the inside of the wall, throughout its extent, and winding by the gardens and terraces around the buildings, will ultimately be two miles long. The foot-walks are not to be less extensive, and the brick pavements about the building have been already mentioned. There are also, as may be remembered, three pleasant yards on each side of the building, and connected directly with the adjacent wards.

The vegetable garden will contain about eight acres, and is in full view from the north side of the building. Flower borders have been made near to and around the entire structure. The only fences inside of the inclosure are to give privacy to the patients in the yards, or to prevent those walking about the grounds from approaching certain parts of the building.

COST.—Without a statement of the cost, no account of such a building and such arrangements as have been described would be at all complete, and especially not of one like that under notice, which is entirely the offspring of the benevolence and liberality of a community, a result of practical Christianity, and a generous recognition of the paramount claims which such afflictions of our fellow-men have at all times upon our interests and our sympathies. The style of architecture is plain, and all useless ornament has been studiously dispensed with; but wherever the comfort and welfare of the patients were concerned, everything has been done in a thorough manner.

The amount of money paid on account of the new building and its varied fixtures and arrangements, up to the present time, is \$322,542 86, and a further sum of about \$30,000 will be required to meet the other liabilities that have been incurred. Of this total sum, \$20,276 28 have been for the boundary wall and gate-house, \$2,241 46 for the carriage-house and stabling, \$860 for the carpenter-shop, \$4,456 03 for machinery of different kinds, \$23,612 37 for heating and ventilating apparatus, \$15,201 47 for grading for building, planting, and improving the grounds, and \$10,441 73 for furniture.

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1. The general statistics of the Maine Hospital for the Insane, for the year ending Nov. 30, 1862, are as follows: Admitted, 125; discharged, 119; remaining, 258. Of the number discharged, 57 were recovered, 24 improved, 19 unimproved, and 19 died.

The annual report again refers to the necessity of further provision for the insane of the State. During the year a number of incurable patients have been removed from the Hospital to Alms-houses, to make room for more urgent cases. To meet the demand for further Hospital accommodations, the Superintendent suggests the addition of one hundred feet to the respective departments for males and females. This would give room for a hundred more patients, and in the opinion of the Superintendent, meet "all the demands of this kind for several years to come." The Trustees say in their report that, the present prices of board will not be sufficient to meet current expenses. They have therefore, raised the rates for State patients from \$2 00 to \$2 50 per week.

2. The Trustees of the New Hampshire Asylum for the Insane express satisfaction at the financial condition of their trust; and that they are enabled, notwithstanding the enhanced cost of provisions, to continue the present rates of charge. These rates, however, are greater than the advanced charges in the Maine Asylum, and the institution has the advantage of a permanent fund, and during the year received between seven and eight thousand dollars additional, in legacies.

The Superintendent reports as admitted, during the year, 101; discharged, 69; recovered, 30; improved, 22; unimproved, 17; died, 16.

In reference to the premature removal of patients from asylums, and the state of incurability frequently induced by such a step, Dr. Bancroft makes the following remarks:

"A portion of those discharged improved and unimproved were susceptible of further improvement with longer residence, but the terms of their residence depended on the decision of persons not prepared to give a patient and thorough trial to any definite plan of treatment; and so they have been left without most of the aids to recovery on the one hand, and exposed to the dangers of a relapse on the other. Our

experience, on this point, does not differ essentially from that of others in charge of hospitals for the insane. On the part of those who act as guardians or advisors of insane persons, there is frequently an entire failure to comprehend the time, patience, and perseverance in treatment, required for a recovery in most cases; and, if a radical mitigation of symptoms is not manifested in a very short period, a state of impatience ensues, and a disposition to abandon the effort by removal of the patient, and to try some other experiment. I have no doubt that many curable cases are sacrificed in this way. Cases occur to prove that for many months no sensible effect may follow treatment, and yet, after unwearied perseverance in the indicated course of treatment, complete and permanent recovery will follow”.

3. The Vermont Asylum received during the year 98, and discharged 119. Of the latter 41 were recovered; 16 improved; 24 unimproved; and 38 died.

Touching the causes of insanity the Superintendent, Dr. Rockwell observes:

“We have failed to see as many cases produced by the progress and results of the war as might be anticipated. The fears, the anxieties and suspense of those who have had some dear relative in their country’s service; the affliction and grief of those whose affectionate objects have died on the battle-field or in the hospital, not to mention the fears of those who suffered intensely lest they should be drafted to sustain and defend their country and its liberties, all have had their influence, if not in producing, at least in giving a form to the insanity of the time.

“On the other hand, the general, if not universal desire to lessen the hardships of a soldier’s life, and to promote his comfort and welfare, while in his country’s service, has called forth that generous labor, and awakened that disinterested benevolence, and diverted the mind from its personal trials and afflictions, the tendency of which is favorable to the preservation of mental soundness.”

We quote the Trustees’ description of the disastrous fire which destroyed the centre building and adjoining male wings:

“At two o’clock in the morning of the 21st of December last, the fire was discovered in the room directly over the furnace in the male wing, immediately adjoining the centre building. The stairway which led from one story to another, and made of combustible materials, was directly over this fur-

nace, and served as a means of communicating the fire to the upper parts of the wing. In consequence of a high wind, the flames extended rapidly to the centre building, which, with the male wings, were entirely destroyed, excepting the outer walls of the wings. The walls of the centre building were rendered entirely useless. The fire companies were immediately on the spot, and prevented the fire from extending to the female department.

“By the extraordinary exertions and well-directed management of those who had the care of the patients, they were removed to a place of safety, while nearly all of the furniture and other property in the consumed buildings were destroyed.

“By appropriating the large Marsh buildings, which previously were only partially occupied, and the female infirmary, for the accommodation of the male patients, they were made quite comfortable, and especially so, as soon as a portion of them could be removed by their friends.

“Measures were immediately taken for rebuilding what had been destroyed, and we are happy to state that the whole will be finished this season. The Trustees have endeavored to have the whole work thoroughly performed in the most substantial manner. They have spared no reasonable expense that would promote the comfort and convenience of the inmates. Great improvements have been made in the general plan of the buildings, and in the means of preventing fire in the future.”

4. In the Worcester Hospital, the admissions for the year were 221; the discharges for the same period, 204; 124 were discharged, recovered; 39 were improved; 7 unimproved and 34 died.

In a retrospect of the curative and financial advantages derived by the State during the thirty years, this Hospital has been in operation, the Trustees observe:

“The hospital has received into its wards, and taken the care of, six thousand six hundred and sixty-three insane persons. Of these, it has given three thousand one hundred and thirty-one back to their homes and the world, to usefulness and the common enjoyments of their families, society, and to the usual responsibilities of citizenship.

“Of the thirty-five hundred and thirty-two who were not restored to health, twelve hundred have been improved, their violence has been subdued, their excitability calmed, their pains assuaged, and their delusions controlled, in such a meas-

ure, that they could live at their homes, be comfortable in their families and neighborhoods, and partake of some, or even many, of the blessings of society. * * * *

"According to the life-tables, these three thousand one hundred and thirty-one men and women lived or will live an aggregate of 84,886 years after they regained their health, and 82,090 of these were working and self-sustaining years, before they arrived at the period of dependence in old age. Making, however, some deduction for those that would have recovered by other means if the hospital had not existed, and also for the periodical cases whose years of health were cut off by every succeeding attack, yet both of these deductions will not very materially diminish the total sum of 84,886 years of usefulness and enjoyment and the 82,090 years of labor and self-sustenance, that have been given back to these patients, and through them to society and to the Commonwealth, by the labors and influence of the hospital.

"It must be farther considered, that insanity, if not removed, is a life-enduring disease, and although, with its causes and conditions, it shortens human life, it does not destroy men at once. Mr. Le Cappelain, of London, calculated the value of life to the permanently insane at the several ages. Taking his tables and the common tables of the expectation of life of the sane, it is easy to see the comparative chances of living in mental health and mental disorder.

Expectation or probable duration of Life.

AGE.	SANE.	INSANE.		
		Males.	Females.	Average both Sexes.
20,	36.32	21.31	28.66	24.99
30,	34.54	20.64	26.33	23.46
40,	30.48	17.65	21.53	19.59
50,	24.89	13.53	17.67	15.60
60,	18.77	11.91	12.51	12.21

"At these rates, the three thousand one hundred and thirty-one who were restored, would have lived 54,911 years, if their malady had not been removed, through all of which the State, towns and people must have cared for and supported them.

"The hospital then has done this double work. It has taken away a burden and given back a support. It has cut off these 54,911 years of insanity, which were or would have been a heavy tax upon the sympathies and a draft upon the

resources of the community, and given back in their stead, as many and fifty per cent. more years of aid and labor to the body politic, and the cost of this great boon to the Commonwealth has been merely the expense of supporting and caring for these three thousand one hundred and thirty-one, through an average of somewhat less than six months for each one."

The Trustees discuss at length the injudicious policy pursued by the State towards its Insane Hospitals. They complain that its practical effect is to give the benefit of hospital treatment and support to the State paupers, (93 per cent. of whom are aliens,) and virtually to debar from these privileges the town paupers and independent patients.

"The law requires the hospitals to receive, support and treat these alien paupers, but limits the payment from the State treasury to two dollars and sixty-two cents a week, which is less than the actual cost. The hospitals have no property of their own, no income, nor resource, except the payments made for the board and care of patients. They have no other alternative but to charge upon the other patients the deficiency in the payments for the State paupers, or the excess of the cost of supporting and treating these over the allowance made by the laws."

After an examination of the policies of different States, in support of hospitals, the Trustees remark :

"It is not necessary to go abroad to find the connection between the terms of admission and support, and the readiness with which people avail themselves of hospital privileges for the cure or custody of their insane friends. We have proof of this in our own daily experience. Our Irish patients go free and stay without cost, and they are sent early and have the best opportunities of restoration. The Americans go at their own cost, and pay all and more than all of the expense of their support, and consequently a large proportion are kept away, some for months and years, as long as their friends can endure or take care of them, and many for life, because their friends lack courage or money to take due advantage of the means of restoration so largely provided in the State. In 1859, 97.5 per cent. of all the foreign and only 58 per cent. of the native lunatics then living in the State had been sent to some hospital.

"If from the beginning, our public hospitals had, by favor-

ing legislation, been made as accessible and available, and offered on as easy terms, to the American as to the Irish insane, and if the popular sentiment and general custom had induced the native families to send their lunatics to these institutions, in as large proportion as the foreign families send theirs, then these seven hundred and thirty-one, or that proportion of the people annually attacked, would have left but a small number to be permanently deranged, and Massachusetts would not have the great insane population which, in 1854, was twenty-six hundred and thirty-six, and probably is not less now."

The report has some pertinent observations on the confinement of the criminal insane with "honest, untainted patients." As a remedy against this evil in the State of Massachusetts, the Trustees propose "that the Governor and Council be authorized to make provision for the custody and treatment of the insane convicts of Massachusetts, in any suitable place in or out of the State; provided they think it for the interest of the Commonwealth to do so."

The suggestion that follows will provoke a smile from those already acquainted with the crowded condition of the asylum at Auburn:

"The New York Criminal Lunatic Asylum is sufficiently large to accommodate twice as many patients as the State furnishes of this class, and many more than the State probably will furnish for years to come. A larger number would allow a better classification, and could be more easily and advantageously managed. It has been intimated to this Board, by some person having official connection with that asylum, that the managers would be glad to negotiate with the authorities of this or any other State, to receive and treat patients of this class, on about the same terms as are paid for the patients of New York."

We should be glad to make further quotations from this able and interesting report of the Trustees, but must conclude with the following extract, respecting the insufficiency of amusements as a substitute for useful occupation:

"But all the amusements that can be brought into the hospital fall short of the wants of occupation. They are insufficient to occupy all the patients, or even any of them, through as many hours of the day and as many days of the year as

they are willing to, and can, be employed with advantage to themselves.

"The American and Irish people, especially those classes from which our public hospitals receive their patients, are utilitarians. They work much and play little. According to their training and habits, they busy themselves on farms, in shops, factories, and elsewhere, working upon things that require definite and successive processes, and have a valuable end and useful purpose. In these ways, they get their greatest sum of enjoyment. Work is their permanent occupation, and amusement is their occasional relaxation. They love to spend their few hours a month, some more and many less, in bowling and dancing, in playing cards, chess, gammon, or in some other amusement, and want no more. But they spend their eight, ten, or twelve hours a day, from Monday to Saturday, from January to December, from the beginning to the end of their vigorous lives, in cultivating the earth, making shoes, building and repairing houses, attending machinery, &c, and ask for no change. Amusements serve but to give a cheerful tone to the graver business of life, as condiments give a pleasant relish to substantial food, but both would be wearisome and offensive if used alone."

5. The Taunton Asylum received during the year 208 patients, and discharged 150. Of the latter, 87 were recovered; 12 improved; 51 unimproved; and 43 died.

Dr. Choate records the interesting fact that:

"During the past year, for the first time, the admissions have not exceeded those of any previous year, being forty-four less than during the year immediately preceding. Nearly the whole decrease has been in males, of whom there have been thirty-four less admitted than during the year before. An easy explanation of this fact would seem to be found in the great diminution of the male population of the State by the departure of so many thousand men to the seat of war. Perhaps a slight diminution may also have been caused by the supposed necessity imposed upon the town authorities for increased economy in their expenditures, and the supposed saving made by keeping lunatics in their own receptacles."

And of the influence of the war in the causation of insanity:

"The records of the past year would seem to show that, although the present unhappy condition of our country may ultimately be followed by an increase in cases of mental disturbance, as yet the excitement which attends it has not been

unfavorable to mental health. There cannot be a doubt, I think, that to the majority of minds it affords rather a healthy excitement, engaging enough of the attention and interest to prevent that intense absorption in other matters, which is so frequently the cause of insanity. The excessive fervor of religious zeal, the too absorbing devotion to Spiritualism and other exciting subjects, and even the too intense anxiety occasioned by pecuniary embarrassments and domestic trials, are all, to a certain extent, balanced as it were, and moderated and regulated by the healthy anxiety presented to the minds of all by the changing fortunes of the great strife for constitutional liberty and good government.

"But when this anxiety and interest have passed away under a settlement of our national difficulties, and at the same time the misfortunes of war, the deaths of friends, the pecuniary losses and embarrassments, and the bad habits of idleness and excess formed in camp life, begin to be more sensibly felt, there is too much reason to fear that there will be a considerable increase in mental disease."

6. The McLean Asylum admitted during the year 82 patients, and discharged 94. Of the latter, 39 were recovered; 27 improved; 10 unimproved; and 18 died.

The Superintendent, Dr. Tyler, speaks of the past year as "a red-letter year for the asylum."

"The completion of the edifice, for the accommodation of the most demonstrative forms of mental disorder, makes an era in the history not only of this institution, but also of asylum construction and architecture. The means afforded for its erection were ample; the time and careful attention given to all the details of its arrangements, were without stint, and the result in the present admirable structure is more than satisfactory. Spacious and cheerful apartments, commodiously furnished, free admission of sunlight, thorough ventilation and comfortable temperature, architectural beauty within, and pleasant surroundings without, access at will to the grounds, all are attained in consistency with the entire safety of the occupants."

Dr. Tyler records fewer admissions than usual, and remarks that "terrible and many as are the evils resulting from the war, the increase of insanity does not yet seem to be one of them," and he philosophizes as follows upon this immunity:

"The cause is universally felt to be a vital and righteous one,—that of government against anarchy;—of law against rebellion;—of all that is right against all that is wrong. Here, then, exists an object of attention of universal and absorbing interest, great in magnitude and infinitely various in detail, and in its nature dignified and just, which is and must be thought of daily by every one. Insanity introverts the thoughts. Self becomes the prime object of thought and concern. Now just as insanity is relieved by awaking and fixing the attention and interest upon what is outside of self, so is its occurrence likely to be prevented by the operation of the same agencies, and with probabilities corresponding to the attractive power of the objects presented."

Still, he admits that the war has produced some mental disease :

"The intense loneliness of a deserted home; the apprehension of harm to the beloved ones away; the shock of the fatal event when at last it comes, have in some instances unsettled the reason. And a few, too, have come from the camp and the field with a brain damaged by overwork, excitement, and exposure."

The considerations upon the premonitory symptoms of mental disorder, are interesting and suggestive, but our space will not allow us to notice them.

Dr. Tyler alludes to the great loss the institution has sustained during the year, in the decease of the Hon. Wm. Appleton and Dr. Luther V. Bell, and pays the following deserved tribute to the memory of the latter :

"For nearly twenty years Dr. Bell held the position of Superintendent of the Asylum, identifying himself with all its interests, and directing its daily management with a comprehensive skill, sagacity and forecast, a purity and elevation of purpose, and a scrupulous faithfulness to every relation involved, which secured for him, for those entrusted to his care, and for the institution, the happiest and the most abundant results. The accuracy and variety of his knowledge, the soundness of his judgment, and his remarkable faculty of adapting means to ends, meet one here at every step, while the recognized method of treatment, the traditionary usages and rules of the house, bear the indelible stamp of his thorough and exact comprehension of the needs of the insane, and his wonderful tact in providing for them. His active and command-

ing intellect, his extraordinary attainments as a scholar, philosopher and psychologist, his extensive knowledge of everything pertaining to the phenomena, management and history of insanity, his able and long continued efforts and success in diffusing and establishing correct views of the nature and treatment of the disease, have justly caused him to be regarded as one of the most distinguished of the many great men who have ever adorned the medical profession. His inbred sense of honor; his entire removal from all meanness and duplicity; his sterling integrity and inflexible moral courage; his keen sense and ardent love of right, leading him to its defence, in utter disregard of any personal consideration, and in the face of any obstacle, and qualifying and inspiring all his every-day life, and yet with no touch of pharisaical exactness or pretension, commanded the admiration and respect of all who knew him, and gave him an uncommon power of personal influence, while it made him of inestimable worth as a friend. His courteous and dignified bearing; his gentle manner and quiet humor: his inexhaustible store of anecdote and useful information, gave him a wonderful charm as a companion. Strong, though not demonstrative, in his feelings; warm in his attachments; he loved his home, his friends, and his daily associations, and devoted himself to their welfare. He loved his country, and felt the severity of her fiery trial; and faithful, as always, to his convictions of right and personal obligation, he gave her as his last offering, the rich accumulation of his experience, and—his life: a brilliant example of lofty Christian patriotism.

7. There were 36 patients admitted to the Butler Hospital, and 39 discharged, during the year. Of those discharged, 17 had recovered; 7 had improved; 10 were unimproved; and 5 died.

Dr. Ray devotes a large part of his report to the consideration of the question of non-restraint. After briefly reviewing the miserable condition of the insane in former days, and the happier influences which now surround them, and which are due to the reformatory spirit of the present century, he says:

“In this retrospect we may also discern an incident characteristic of most reformatory movements—the tendency to run to opposite extremes; and perhaps I could not better use this occasion than to consider it with some degree of particularity. The reformer’s creed frequently contains but a single article of belief, namely this, because a thing is bad, there-

fore the directly opposite thing is necessarily good. The effect of this fallacy has been strikingly manifested, for instance, in the controversy, not yet settled, respecting mechanical restraint as applied to the insane. Everybody admits that it has been grossly abused, but an immense difference prevails as to the practical inference that should be drawn from the fact. While it leads one party to use it for proper purposes and in a judicious manner, so as to secure its benefits and avoid its evils, it leads another to disuse it altogether as an unmitigated wrong. Of course, abundant reasons are offered for the correctness of each of these conclusions, and they are not without their force; but—in accordance with a common phasis of belief—they have probably less to do with actual opinions, than a state of feeling antecedent to all reasons. This accounts for the difficulty of arriving at the truth in all questions of practical reform; but the number of those who learn from it a lesson of caution against hasty conclusions will always be small. In the present case there is a touch of the romantic in the idea of managing the insane entirely without mechanical restraint, and solely by moral suasion or the gentle laying on of hands; and when first announced, it is not strange that it was taken at once into public favor. It had all the eclat of a great discovery, worthy of being compared with that of anesthesia or the vaccine virus; and in England, where it originated, it needed more than an average share of moral courage to regard it with the slightest distrust.

Dr. Ray regards the tendency in our specialty to reason from a special to a general, as another source of error, and the premature conclusion that "what is applicable in one case is no less applicable to all. Diversities of disease, of previous management, of natural character, may all be ignored, and some procrustean plan regarded as embodying all the wisdom worth retaining. A patient long subjected to mechanical restraint improves under its disuse; therefore no patient requires it, and complete non-restraint must be the unexceptionable rule. Another is annoyed by the sight of locks and guards, and which, in fact, are unnecessary for him, therefore they are annoying to all and unnecessary for any. Another desires to go out unattended, and undoubtedly is all the better for the privilege, therefore unrestricted freedom in this particular should be the general rule. Deductions like

these may seem somewhat puerile, but they are scarcely exaggerations of what have actually been made."

The true end to be kept in view in the management of the insane is to meet the exigencies of each particular case, and therefore it is unwise "to give up a provision which is known to serve an excellent purpose, because in the hands of the careless and heartless it has been made an instrument of wrong." Dr. Ray considers risks inevitable in the management of the insane, but that such risks must "be carefully distinguished from those which involve the welfare of others or tend only to glorify individuals."

"If an attempt to benefit a particular patient by some exercise of risk, applicable solely to him, fail, he alone is affected, and if the circumstances fairly justified the attempt, he cannot complain. But if, while it is applied to one person, its consequences fall upon another, then the latter has good reason to be aggrieved. When a sanguine believer in non-restraint systematically exposes his patients to the assaults of those who are inclined to such mischief, in the vain expectation that any practical amount of vigilance can obviate actual harm, he will hardly be able to justify the occurrence of unpleasant casualties by pleading the common good. The sufferers would reply, and very properly too, that they were placed under his care for their own particular good, and not for the purpose of enabling him to work out some favorite theory. And they might also say that they were so placed, mainly for the purpose of being saved from themselves and others."

Dr. Ray regards mechanical restraint as the only reliable safeguard against the violent tendencies of a patient, as the prolonged continuity of attention necessary to this end is not to be looked for in attendants:

"For a short period and an imminent emergency, we may be warranted in relying upon them implicitly. But lengthen the period, or render the contingency more remote and uncertain, and to that extent personal vigilance becomes unreliable. An attendant placed in charge of a patient incessantly bent on self-destruction, may be safely relied on for several hours; but let it be his sole business to prevent a patient from striking when the impulse comes, which may be but once in two or three months, and who that knows any-

thing of the subject supposes that the blow will not be struck at last?"

Dr. Ray concludes the discussion of the subject as follows :

"No good can come by shutting our eyes to an old truth, merely because it is old, and believing that the world has always been mistaken in the idea, that a disposition to mischief is necessarily a frequent element of insanity. Tamed, diverted, modified, it certainly may be, but there can be no graver error than to suppose that, by any system of treatment, it may be utterly extinguished. And even if it were possible to eradicate this element of the disease, there remains another which should prevent us from relying too much on the discretion of the insane. The guiding, determining power of the patient—the balance wheel, if I may use the figure, which regulates the mental movement—is generally more or less impaired, and some foreign power must, to that extent, take its place. For this reason he is taken from home or his customary surroundings, where he is following the bent of his disordered fancies, and placed where his liberty of action is greatly curtailed, and his movements directed by others. To some, scarcely anything more is necessary than the unavoidable restrictions of the hospital. In others, the gravity of the disturbing element may call for the utmost amount of restriction at our disposal. In some shape or other, restriction is an essential element in all hospital management of insanity; but it would be preposterous to contend that just so much or so little is the exact measure best suited to all cases alike."

Among the important means for promoting progress in our specialty, Dr. Ray makes honorable mention as follows :

"THE AMERICAN JOURNAL OF INSANITY, which has been published nearly twenty years—a longer existence than that of any other psychological journal in the English tongue—has been of immense service to the cause. Many valuable observations and inquiries have been recorded in its pages; facts too valuable to be lost have been there gathered up and preserved, and by it the hospital superintendent beyond the Rocky Mountains, has been informed of what some professional brother has said, or done, or written, in the heart of Germany."

8. The general statistics of the Hartford Retreat for the Insane, are as follows: Admitted, 170; discharged, 160; dis-

charged recovered, 72; improved, 45; unimproved, 15; died, 28.

9. The New York State Lunatic Asylum received during the year 287 patients, and discharged 305. Of the latter, 106 had recovered; 51 had improved; 115 were unimproved; 3 were not insane; and 30 died.

Dr. Gray refers to the large number of incurables received during the year; 117 out of 287 being "cases of chronic and paroxysmal mania, dementia, senility, and general paresis," a class of cases in which the prognosis is unfavorable.

Forty-five of those admitted, (twenty-one males and twenty-four females,) were suicidal, eighteen of whom had attempted self-destruction by various means. Twenty were homicidal, ten men and ten women, four of whom attempted and one committed homicide.

In the following we have an illustration of the indifference of maniacal patients to bodily suffering, and of the importance of a physical examination of patients on their admission, not only from medical considerations, but for the protection of the hospital and its officers from unjust accusations:

"A number were brought to the Asylum in irons, some badly bruised; one with fracture of the clavicle, one with fracture of the ribs and sternum, and one with fracture of the arm.

"These injuries were not chargeable to intentional violence, but to the ignorance and want of experience of those having charge of the insane persons before their admission to the Asylum. Those injured were all cases of acute maniacal disease, and the patients made no complaint of pain or injuries, and the facts were not suspected until revealed by our examination. The person who had fractured clavicle was very wild and boisterous, and moved his arm in every direction; complained of no pain, and challenged those about him to fight. The first day we were unable to bandage him, and even after we succeeded in this, he tore off the bandages and tore up his clothing and bedding, notwithstanding which the bone united in the usual period, and without any unfavorable symptoms."

By reference to the tables, Dr. Gray concludes that the causes of insanity remain the same as in former years, and he adds:

“It would be reasonable to infer that under the head of war excitement we should chronicle more than one case, and this one, a man constitutionally a coward, who, under the constantly harrassing fear of being drafted, sank into melancholia, accompanied by unhappy delusions and apprehensions.

“That civil war, sudden and unexpected, and of unexampled magnitude, should not add materially to the number of the insane is certainly a matter of congratulation. The direct tendency of great revolutions to increase insanity has been frequently noticed by medical and historical writers. The French revolution, especially, is a striking illustration of this fact, and individual instances of its effect abound in the writings of Pinel, Esquirol and Georget. The middle classes, and the poor, from whose homes the sons and husbands have been taken in such vast numbers, have borne up against the great transition from peace to war, and have quietly and resolutely adapted themselves to their new condition. All, rich and poor, have devoted themselves to their ordinary avocations with increased energy and economy, and respect for authority. Society has, therefore, remained comparatively undisturbed. How far all this is owing to the character of our people, composed, in a large measure, of those who are self-made, self-dependent, and accustomed to balancing chances of success and failure, is an interesting question. A people educated to rely for success on individual efforts, and to aspire to promotion and power through merit and perseverance, are undoubtedly well able to withstand a great public shock. Such experience and training must contribute to balance of mind and force of character, and inspire courage and hopefulness and incite to action. How far we are to attribute the fact that civil war has not, thus far, increased insanity among the people, to the lofty spirit of patriotism and benevolence which instantly proffered its unmeasured aid, in sympathy and money, to the country and to those who might suffer, is an inquiry, we believe, also pertinent to the solution of the question.”

10. The third annual report of the Superintendent of the State Convict Asylum at Auburn, presents the subjoined statistics: Admitted during the year, from Sing Sing Prison, 12; from Auburn Prison, 10; from Clinton Prison, 5; total, 27. Whole number under treatment during the year, 96. Of these there have been discharged, recovered, 8; improved, 3; unimproved, 3; died, 1.

“Those discharged ‘unimproved’ and ‘much improved,’ though not entirely recovered, have been liberated by reason of expiration of their sentences and were in due form delivered to their friends, who, according to the requirements of the law, have given bonds that they should not become a charge upon any public charity of the State.”

Respecting the crowded state of the asylum, the Superintendent says:

“The buildings of the institution were originally constructed with accommodations for but sixty-four patients. We already exceed that limit by seventeen, our present number being eighty-one. Were it not for the sad exigencies of the times, I should feel it my duty to urge the policy of purchasing a part of the land adjoining the asylum and of so enlarging the institution as to extend its benefits to all for whom it is designed. Unless its capacity be so increased as to make it available to all who are legitimately entitled to its protection, some provision must be made for the removal of those whose sentences have expired. The law, at present, provides that no convict not restored to mental health, shall be discharged from the asylum by reason of the expiration of his sentence, unless his relatives shall give a satisfactory agreement that such convict shall not become a charge upon any public charity of the State. Under the provisions of this Act we must, of necessity, be steadily accumulating a class of hopeless, incurable cases. I suggest, therefore, the propriety of a legislative enactment authorizing us to return to the counties in which they were convicted, at least a portion of the above named class, when the term for which they were convicted shall have expired.”

We regret that Dr. Van Anden should have proposed any such measure of relief as that expressed in the above extract. It may be doubted if the law, as it now stands, sufficiently protects the community against the discharge of the dangerous class for whose safe custody this asylum is constructed. And it may be asked, What better provision can the counties make for these patients? Will not the aggregate cost of their maintenance, distributed about the State in small numbers—each county requiring a small, strong building or receptacle for their confinement—to say nothing of the anxiety and risk to which the community will be exposed, be a greater

tax upon the people of the State, than the additional expense of enlarging the asylum at Auburn? In a word, such a measure, while it might afford relief to the asylum for convicts, would impose a grievous burden on the community. In this matter we hope to see a wise and enlarged policy substituted for narrow views and temporary expedients.

11. The admissions, for the year, at the Bloomingdale Asylum were 117; the discharges, 111. Of the latter, 48 were recovered; 24 improved; 19 unimproved; and 20 died.

The Board of Governors announce the completion of the new building which was commenced in June, 1860.

"This building is 110 feet long, 42 feet wide, and is three stories and basement in height. It will accommodate about forty patients, and is to be appropriated exclusively to females. Each story contains a central corridor ten feet high, lighted at each end by a window reaching from floor to ceiling, and by a large bay window in a central alcove twelve feet wide. On one side of this corridor are a dining-room, bath-room, and rooms for sick patients, communicating with attendants' rooms. Opposite are eight single dormitories of unusual size, being twelve by fourteen feet area.

"Attached to this wing are a diversion-room and lecture-room, in which the various entertainments of the household will be given with better advantage and success than in the apartment now assigned to this purpose. It also contains such arrangements as will make the chapel services more impressive and orderly.

"This structure connects the original asylum building with another erected some years later, and forms a complete united wing, permitting separation of the female patients into thirteen distinct classes, each occupying an independent suite of apartments, thus providing unusual facilities for a primary necessity in the treatment of insanity. The large central stone edifice originally erected in 1820, and for some years the only asylum building, being now freed from the inconveniences of containing very discordant classes of patients, presents peculiar advantages to quiet or convalescent patients, for whose use it is now applied. The introduction of gas throughout the establishment, has added to its comfort and cheerfulness."

The brevity of Dr. Brown's reports having been commented upon by "the leading medical journal of this country,"

Dr. Brown improves the opportunity to "show cause" for this peculiarity. Dr. Brown says :

"It may be well, therefore, to consider whether any useful purpose can be subserved in our own case, by following the prevalent practice of expanding such reports into an address to the public upon the nature of insanity, and the relations of society thereto; or into a detailed statement of the mingled excellence, deficiencies, and embarrassment which exist in each case, closing with an appeal for aid to the Hercules of State or public bounty. While approving this course as pursued in other institutions, I have doubted its utility here, because our situation seemed unlike that of most asylums."

Dr. Brown observes very justly that—

"The public of New York is influenced less than that of any other American city, by local sentiment and impulse. As a community, it is essentially cosmopolitan, the number of families of New York ancestry being small in comparison to those without that hereditary attachment to the place which begets a natural and laudable pride in local charities, thus tending to foster and increase them. It is perhaps mainly due to this fact that while the religious and educational enterprises of the whole country find in New York that encouragement which is the best proof of a generous disposition among its citizens, many of the most deserving among its own incorporated charities are rarely remembered in the legacies of men who, had they lived in smaller cities, would have known their merits and would have sustained them by liberal bequests.

"This class of individuals, engrossed by the cares of business, are not easily reached by printed documents, while the personal testimony of those who, as managers or visitors, or beneficiaries, know the value and needs of an institution like this one, will best ensure attention and response thereto."

With the exception of the above extract, we fail to discover any reason why Dr. Brown should not give the profession and the community the result and benefit of his position and wide experience, which might not equally apply to any medical superintendent in the country. We are glad to observe that the Governors of the Bloomingdale Asylum virtually dissent from the views expressed by the Superintendent of the inutility of such a report, for theirs is not only *lengthy*, but one to be read with interest and profit.

Of the value of these "annual pamphlets" in advancing the interests of our specialty, Dr. Ray, in his report of the same year as Dr. Brown's, speaks as follows :

"The annual reports of the various hospitals, recording, as they do, with some detail, the incidents of each year's experience, contain much information that may be turned to practical account. It not unfrequently happens, I imagine, that, after having tried for years in vain, to meet a certain purpose thoroughly and easily, we find, to our surprise, in one of these annual missives, that some more ingenious head has solved our heretofore insoluble problem, and thus enabled us to add another to our means of usefulness."

Dr. Ray evidently recalls to his recollection the valuable reports of BELL, of BRIGHAM, of JARVIS, and others, full of thought and rich experience. *He* does not consider them in their relation with "those who seek food for gossip over a neighbor's private grief, or a pretext to cavil at legislative tax which yields them no benefit as long as they pass for sane people."

Another argument advanced by Dr. Brown in support of his position, is that the Bloomingdale Asylum "is constrained by no sense of dependence on State or municipal aid." The Governors, however, on page 25 of the same report, "respectfully request the renewal of the annual bounty which they have received from the State for very many years ; and, if the fiscal means of the State treasury will admit it, they hope for a moderate augmentation ;"—thus "appealing for aid to the Hercules of State."

12. The annual statistics of the New York City Lunatic Asylum are as follows : Admitted, 342 ; discharged, 281 ; discharged, recovered, 165 ; died, 97.

The occupancy of the new asylum, with accommodations for 150 patients, has given relief to the crowded wards of the main building. Dr. Ranney gives the following explanation why the war excitement has not increased the number of his admissions :

"Many of the ordinary inmates of an asylum are only partially insane, and although it would be exceedingly difficult

for them to obtain constant employment in the city, this class of persons can readily find positions in the army. Conversing sensibly on most subjects, as soldiers their mental defects are not quickly discovered, while, in the city, their immediate intercourse with their employers soon discloses their true condition. Nor has the war given any peculiar character to the delusions of those admitted. This results principally from the seat of war being so far distant, and the number so small that have returned home. Unquestionably, at the close of the war, the number of insane in the city will be considerably increased, with a full representation of *quasi* generals, governors and presidents. Several patients admitted the past year were discharged soldiers; but from a careful examination, the opinion was formed that all were insane previous to enlistment."

Dr. Ranney forcibly exposes "the modern error in elevating vice and crime to the same level with mental disease, or in confounding them with it. The most vicious and criminal acts are regarded as the result of a blind necessity, a kind of madness which renders the party irresponsible, thus affording to the swindler, the thief, the assassin, a ready means of escape from punishment."

The effect of the plea of irresponsibility in such cases, is not only to do a great injury to the insane, but to create "a prejudice against its adoption when demanded by strict justice and common humanity."

"A good illustration of the effects of public prejudice is given by two trials for murder in an adjoining State, in which the separate verdicts seem to hold to each other the relation of cause and effect. In 1851, Margaret Geratty was tried in New Jersey for the assassination of her seducer. The seduction was accomplished under a promise of marriage, and the subsequent treatment was of a most aggravating character. Public sympathy was strongly aroused in her favor, and much to the surprise of all, the verdict of the jury declared her 'not guilty, on the ground of insanity.' Six physicians were immediately appointed by the Court to examine the alleged lunatic, who reported they could find no evidence of 'unsound mind,' and in accordance with this opinion she was discharged from custody.

"In 1859, Patrick Maude was executed for the murder of his sister. Two years previous he attempted to kill his wife,

and although tried and convicted, was found to be of unsound mind, and sent to the asylum at Trenton. He effected his escape, and two days after committed the murder. On his trial it was shown, that before and after the homicide he manifested *insane delusions*, and his whole course of conduct while in the asylum and in prison, as well as his noted speech on the gallows, proved conclusively that he was insane. But there had been a reaction in the mind of the community. The plea of insanity had been used in a former case to defraud justice of its due, and now a victim must be offered, though in the person of one who on every ground, not only of justice, but of common humanity, ought to be spared. The issue of the former trial seems, then, as intimated, to hold to that of the latter, the relations of cause to effect, and I think the experience of medical gentlemen who have often been called as witnesses, will corroborate the statement that, even the attempt to prove a party irresponsible in an improper case, increases the chances of conviction in a subsequent trial where the individual is truly insane. Thus are they who suffer under the most afflictive dispensation of Providence injured by the indiscriminate reception of this plea."

13. The Kings County Lunatic Asylum, during the year, had 204 admissions, and 168 discharges. There were discharged, recovered, 87; improved, 42; unimproved, 7; died, 32.

Under causes of insanity in those admitted, nineteen are accredited to war excitement.

14. The general statistics of "Brigham Hall," Canandaigua, for the year 1862, are as follows: Admitted, 62; discharged, 61. Recovered, 18; improved, 14; unimproved, 16; died, 6.

Of the premature removal of patients from the asylum, the resident physicians, Drs. Cook and Chapin, observe:

"Convalescence, regarded with reference to the patient's future, is a stage of disease quite as critical as any other. It is at this period that the shadowy line between insanity and sanity begins to form. The delusions and uncontrolled fancies which have characterized the disease at its beginning, disappear at this time and the natural order of things resumes its sway. It is of the highest importance, and the fact cannot be too clearly impressed upon all having the responsi-

ble direction of the insane, that the period of convalescence should not be interrupted or endangered, but that the case should continue under treatment until recovery is completed. The chief danger attending any interruption of the process of restoration is the chronic and incurable character the disease may assume. Many patients have impressed upon them for life the eccentricities, irritation, and peculiarities of this stage of disease, as well as a predisposition to future attacks, in consequence of the inconsiderate action of relatives."

15. The managers of the New Jersey Asylum mention the completion of the extension to the central building, and the occupancy of a new and tasteful chapel.

The Superintendent reports 161 admissions, and 170 discharges. Discharged, recovered, 88; improved, 49; unimproved, 16; died, 17.

As a prophylactic to mental disease, Dr. Buttolph advises the "equal development and correct training of the faculties in early and later life."

"Let the education of the young be conducted with special reference to the equal and harmonious development of all the powers of the individual, whether physical, mental or moral."

16. Respecting "premature removals," Dr. Kirkbride, of the Pennsylvania Hospital for the Insane, presents some interesting and practical considerations. Every experienced asylum physician will bear witness to the truth of the following:

"Many cases of insanity seem to run a definite course, and a certain number of months are necessary for a recovery, no matter how persevering and enlightened the course of treatment may be; and yet some do occasionally recover, that are treated injudiciously and in positions that all experience goes to show are unfavorable to the restoration of mental health. These facts only tend to prove, that in a limited number of cases the restorative powers of nature are sufficient to overcome all obstacles, but they do not tell us how many, by such a course, are deprived of all hopes of a recovery and consigned to the saddest form of permanent insanity.

"It cannot be too strongly impressed on every one, that a steady perseverance in treatment in every case of insanity is

of incalculable importance. It is not easy to indicate exactly how long a period of treatment should be insisted on, because the character of cases vary so greatly, but it is quite safe to say that although so many do regain their health within three months, no one should ever become discouraged in a recent case, without at least a year's trial. * * *

"It becomes the officers of Hospitals for the Insane steadily to impress on the friends of patients, and themselves to remember, how difficult it is to say that any one is absolutely incurable. It is behind the age at this day to speak of institutions for incurables. If there were no other objections to them—and there are many grave ones—the fact that Omniscience alone can tell with certainty who are in this condition should be sufficient."

Speaking of the new hospital for males,* Dr. Kirkbride says:

"Another year's experience only adds to the strength of my convictions of the great value and decided advantages of our new arrangements. What was novel in the plan and fixtures of the new building has answered the purposes intended, so effectually, that if the work was to be again done, very few changes would be made, and these would be of a comparatively unimportant character."

The annual statistical tables report 194 admissions, and 164 discharges. There were discharged, recovered, 90; improved, 45; unimproved, 16; died, 13. Remaining in the asylum, 285.

An interesting feature in this report is a list, of twenty pages, of the names of the munificent donors to the building fund of the new hospital.

17. The great event of the year of the Western Pennsylvania Hospital, was the completion and occupancy of the new Dixmont Hospital. This hospital stands on a beautiful eminence, overlooking the Ohio river, about eight miles from the city of Pittsburgh, and was named in honor of the distinguished philanthropist, Miss Dix. We have, in a recent number of the JOURNAL, given a description of the building.

By the report of the Superintendent, Dr. Reed, we learn that the admissions for the year numbered 71, and the dis-

* In another part of the JOURNAL will be found a description of this hospital.

charges 67. Of the latter, 25 had recovered; 30 had improved; 9 were unimproved; and 3 died.

18. The Trustees of the Pennsylvania State Lunatic Hospital, urge the necessity of special provision for insane criminals, and they have prepared a memorial on this subject to be presented to the Executive and Legislature of the State. The Superintendent's report is brief and statistical. The admissions for the year were 109; the discharges, 122. Recoveries, 34; improved cases, 30; unimproved, 42; deaths, 16.

19. In the third annual report of the insane department of the Philadelphia Alms-House, Dr. Butler records the admissions for the year as 360. There were discharged 352, of whom 126 were recovered; 112 had improved; 59 were unimproved; and 55 died.

We are glad to perceive that Dr. Butler is firm in hostility to the habitual use of intoxicating beverages and tobacco. When, however, he expresses the opinion that "the abuse of tobacco is a frequent cause of insanity, which, in such cases, is generally preceded or accompanied by epilepsy," the meditative psychopathist can only remove his pipe from his mouth and gaze in astonishment.

20. Dr. Worthington, of the Friends' Asylum, thus alludes to a prevalent error in regard to the character of mental disease, which operates prejudicially to the interests of the insane:

"It may not be out of place here to endeavor to impress upon all who are in any way interested in the subject of insanity, that it is as much as any malady to which man is subject, a disease of the bodily organism, subject to the same laws, and requiring for its removal the same medical treatment that is required in other physical disorders. If this truth were more generally recognized than it is even by many well-informed persons, there would be less reluctance than is frequently witnessed in placing patients promptly in institutions, under the care of those who are familiar with all the varying aspects of disease—who know how to attach to each symptom its due importance, and to apply remedies calculated to avert consequences which cannot be foreseen by those who are unfamiliar with the disease. The belief that the mental disorder itself constitutes the disease, instead of being only

one of the manifestations of disease in the organ through which the mind acts, and that the latter may be diverted from its line of morbid progression by moral treatment alone, without reference to the condition of the bodily organs, often leads to fruitless efforts to benefit the patient at home by moral remedies, while actual disease is permitted to go on unchecked, and often unsuspected."

The yearly statistics record 13 admissions, and 17 discharges. Left the asylum, recovered, 8; improved, 4; unimproved, 5; died, 2.

21. The report of Dr. Chipley, of the Kentucky Eastern Lunatic Asylum, bears the impress of civil strife.

We give the following extract, not only as illustrating Kentucky patriotism and national sentiment, but as a deeply interesting episode in the history of the institution :

"I am called upon to make the thirty-eighth annual report of this institution under peculiar circumstances. We are surrounded by the forces of the so-called Confederate Government; a usurper claims to exercise the functions of the Executive of the State of Kentucky; the stars and bars, the emblem of disorganization and anarchy, have replaced the stars and stripes. That banner, endeared to every patriot heart by a thousand glorious memories, beneath whose graceful folds our fathers won immortal honor, and which their prowess taught all nations to respect, has been rudely torn from its staff and trampled in the dust.

"On the second day of last month (September) the forces under the command of Kirby Smith, entered this city, and placed it under the despotic sway of military rule. I allude to this fact because it was well calculated to affect the material interests of this Institution, and, if the occupation is to be permanent, we may not hope to escape the blasted fortunes of other similar institutions within the limits of the Confederacy, whose inmates have been driven from their comfortable abodes to suffer and to perish as those of their unfortunate class did before the enlightened philanthropy of the present century had provided the peculiar means required for their relief and preservation.

"The history of the unjustifiable and wicked rebellion which now curses our country warrants us in saying that the rebel forces act as if they considered it to be their special mission to ravage the country they traverse, to plunder its citizens,

and to destroy all the evidences of civilization, happiness, and prosperity that may happen to fall in their way. Hence their footsteps may be traced by wrecked dwellings, desolated farms, broken railways, pillaged cities, burnt bridges, and ruined canals. The consequences are logical sequences to these acts of violence. Everywhere want, wretchedness, and famine follow their movements. Instructed by the history of these lawless forces, I endeavored, as far as possible, to shield this Institution from these terrible results. As soon as I learned that the Federal forces had fallen back and left the country open to the depredations of the enemy, I directed the steward to purchase a supply of groceries, flour, clothing, shoes, ect., sufficient to cover the time beyond which I did not believe it possible for the invaders to hold this position. It was well we did so, although, to accomplish the purpose, we were compelled to pay an advance on former prices. Our farmers are being plundered of their slaves, cattle, horses, and grain: our merchants are compelled to open their doors at the point of the bayonet, and all are forced to adopt the absurd notion that Confederate script is money, and to receive it without question as to its value. The cost of articles of prime necessity has already advanced to famine prices. Cut off from all sources of supply, there is no possible means by which our merchants can replenish their exhausted stocks. But for the provision made to supply the wants of the Asylum, in anticipation of the arrival of the enemy, our expenses would have been enormously increased, and we should have been compelled to forego the use of some articles which have always entered into our daily consumption, and which we consider essential to the comfort and welfare of the insane.

“Up to the present period no material direct assault has been made on the Institution. How long we are to be exempt, the future alone can tell. We have little to hope, however, from those who have already deliberately plundered the “Women’s Aid Society” of the hospital stores accumulated by their own generosity and industry—a robbery accompanied with wanton insult to the excellent president of the society, who has generously devoted her time, and much of her large means, to the unselfish task of ameliorating the condition of the sick and wounded of both armies. At this moment we are threatened with a rigid enforcement of the Southern conscript law, and, if time permits this gross outrage, we may be deprived of the services of some of our most efficient and faithful employees. Our only hope is in the effective movement of the Government forces now accumulating on the

Ohio, and which, I confidently believe, are destined to give us speedy relief from the tyranny and oppression which now weigh heavily on all the great interests of society.

"In the midst of a struggle for national existence, and for the perpetuation of that beneficent form of government bequeathed to us by the illustrious patriots of the Revolution, it is believed to be eminently proper to exclude disloyalty from the public institutions of a loyal State. In administering the affairs of this Institution no question has ever been made of the politics or religion of its servants. But when the political principles of a portion of the community became merged in treason, it was thought, while we still regarded the ability and faithfulness of our employees, that it was also important to know that they are not traitors. Hence all the officers and male employees in this Institution are required to take and subscribe the oath of allegiance to the Government of the United States, pledging themselves to discountenance secession, and to give no aid or comfort to the so-called Confederate Government.

"Aside from the disturbed condition of the country we have no cause of complaint. The asylum was never more prosperous. By strict economy, and the industry of a large number of the inmates, we have lived within the amount provided for the support of the Institution, without in any material degree, abridging the comforts of our charge."

During the year, 43 patients were admitted, and 49 discharged. Of the latter 25 had recovered; 16 died; and 8 were removed.

22. In the report of the Mount Hope Institution, Dr. Stokes adverts to the increase of insanity, the chief cause of which, he thinks, is

"To be found in the unwonted wear and tear of mind in the great battle of life. This we see too often carried on without regard to any considerations but the gratification of an ever restless ambition, which leads men, of every rank and degree, to sacrifice present happiness in the fierce struggle for wealth and preëminence. In this country certainly, and in the last quarter of the century especially, though remarkable for the prodigious advances made in every department of art and science, yet there probably never was a period when happiness and contentment were less generally diffused throughout the different classes of society. Particularly is the present period fraught with influences and elements tending

in a high degree to disturb the healthy balance of the human mind. We are living amidst all those intensely agitating and exciting causes which are most calculated to destroy the equilibrium of the mental powers, and drive reason from its throne. It would be impossible to diffuse amongst a people agencies more inimical to their healthy mental condition than now prevails in this country. Their tremendous effects are being displayed in the rapid increase, beyond all precedent, of all the diversified varieties of mental disorder. Our insane asylums are being filled with victims exemplifying the terrible strain to which the mind and feelings of all classes of society are night and day subjected."

The report contains an interesting description of the new institution—the *Mount Hope Retreat*—the centre building of which is completed and occupied—This description is too extended to appear in the present number of the JOURNAL, but will be given to our readers at an early day. The official statistics of admissions and discharges are as follows; Admitted, 210; discharged, 179; discharged, recovered, 37; improved, 84; unimproved, 43; died, 15.

23. Dr. Hill, of the Central Ohio Asylum, sums up the impressions derived from his recent visit to foreign asylums, in this wise :

"On the whole, though we found in the several countries named, many incentives to improvement in the management of the insane, yet we witnessed, in the course of our tour, more listless, lolling inactivity, and more physical restraints, as confinement of hands and limbs, strapping to chairs, benches, bedsteads and walls, not omitting certain clanking sounds, than we expect or believe possible to witness again without recrossing the Atlantic. Even at Gheel, in Belgium, where, theoretically, there is the largest amount of personal liberty, I found a high degree of what I term physical restraint."

Dr. Hill is entitled to high commendation for his efforts to introduce useful employment for his patients. That he has accomplished much in this direction the ensuing extract will show :

"For several years we have manufactured all the boots, shoes and slippers required to be furnished by the State, and have done all the repairing in that line. We have made all

the clothing required to be furnished for both males and females, and have done all the repairing required for either sex. In the carpenter, joiner and cabinet departments, beside extensive repairs and improvements all about the premises, many articles of furniture have been made, and a large number repaired.

During the year the asylum received 157, and discharged 149 patients. Of the latter, 90 had recovered; 22 had improved; 24 were unimproved; and 13 died.

24. Dr. Kendrick, of the Northern Ohio Asylum, alludes to the unavoidable accumulation of custodial cases, after a series of years, in his and similar institutions, as "a subject which demands serious consideration; it sets all the laws of proper classification at defiance, lessens the number of successful results, and furnishes an argument to the caviler, against that liberal support of a so-called *incurable* establishment, which is so freely accorded to our asylums, under their present active, living organization." He continues:

"It is a fact worthy of note, that in our State, with four public asylums constantly filled, there are over 2,000 insane persons excluded from the hospitals altogether, or who have been discharged therefrom, *uncured*, to make room for more promising cases. These need suitable care; not the stinted morsel that comes so grudgingly from the hand of common charity, but the full and flowing cup—the free-will offering of a Christian philanthropy."

The report places the number of admissions at 99; the discharges at 99. Discharged, recovered, 58; improved, 7; unimproved, 29; deceased, 5.

25. We notice by the report of the Directors of the Longview Asylum, that sixty per cent. of the inmates "are now engaged usefully to the institution, and greatly to their own advantage." Dr. Langdon, the Superintendent, thus refers to the beneficial effect of useful employment to the insane, and its safe and practical workings at *Longview*:

"It has been our constant aim to keep the inmates as much employed as possible at some light and useful work. Such labor has a very salutary effect upon them, both mentally and

physically. As a consequence they are much more quiet while in the wards, and almost always sleep better at night. If but a few days are permitted to pass in idleness, the influence is at once perceptible in their excited, noisy, and quarrelsome dispositions. A large majority of these unfortunates who are assigned to labor, are generally sufficiently tractable; though once in a while some of them have fits of stubbornness, or manifest their anger in combative demonstrations. Many intelligent persons have expressed their fears at the idea of putting into the hands of the lunatic any instrument of labor that might be turned in a moment of rage into a deadly weapon of assault. Thus far, however, my observation has not justified such apprehensions. Certainly great discretion is necessary; but in almost every instance where an inmate has attempted violence upon his associates or attendant, he has dropped whatever instrument he may have had in his possession, and made the assault with only those bodily means with which nature has supplied him."

Dr. Langdon urges that some proper provision be made for the negro lunatic, who, now deprived of such provision, is "confined among thieves and rogues in the common jails of different counties" of the State.

Longview Asylum received during the year 138 patients, and discharged 149. Of those discharged, 92 had recovered; 26 had improved; and 31 died.

26. The Board of Trustees of the Southern Ohio Asylum announce the appointment of Richard Gundry, M. D., as Superintendent. Dr. Gundry's first report is an able and interesting document. His remarks upon the inheritance of insanity are so valuable that we cannot forego an extended extract:

"Not only is the tendency to mental alienation transmitted, but often the very same forms of the disorder, the same class of delusions are reproduced at the same age, and under the same conditions, as in those first attacked. Thus the suicidal impulse has been known to appear at the same age, in three or four consecutive generations. Occasionally the taint appears to skip a generation or two and then reappear in all its original force. In other, and perhaps more numerous instances, the disease reappears in the descending branches of the family, but not identically the same in form and character. It be-

comes more marked in its specific characteristics. The attack is more sudden in the onset, the remission is more marked, and the disease assumes more and more the recurrent type. The actions rather than the thoughts give evidence of the existence of disease in these cases; less delusions prevail among them, but more moral obliquity, and a greater difference is observed in the control of the judgment over the emotions, instincts and propensities. Gaining in force as it passes from one generation to another, it may also appear much earlier in life as it descends. Thus it happens that the disease will appear in a distant generation before it has attacked the intermediate line. A grandmother, mother and son, three generations, are affected with insanity in the course of their lives. The grandmother was attacked during mature life; and before her daughter had reached the same period of life, the grandson, at a much younger age and with every inherited symptom greatly exaggerated, began his career of alternating health and mental disease. Not until years after did the mother herself, on approaching the epoch fatal to her mother, show any evidence of inherited taint; then she displayed unequivocal signs of the same form of disease. Thus she presented an example of insanity identical in all its essential characters with that of the person from whom she inherited it, while at the same time she had transmitted it to her son with intensified force and a progressive form of development. Many such facts could be easily collected. They all, however, relate to insanity passing from one generation to another, even where the form is different in the different members of a family, and under both conditions the existence of hereditary tendencies is not difficult to be recognized. But there yet remains to be considered, a fruitful source of hereditary insanity, where existence more often eludes the closest investigation in the history of the patient and his progenitors, but which undoubtedly exercises an enormous power in the propagation of the malady. The law of transmission of disease, powerful as it is within a certain range, is nevertheless circumscribed in its operations by certain inexorable conditions. Consumption does not give rise to insanity in the next generation, nor is gout transmitted from epilepsy. The general character of the disease is preserved, in the transmission, however much the special characteristics may have been modified. Nervous diseases are in this way often transformed in their descent, but they are nervous diseases still, and retain most, if not all, the characteristics that belong to that class. Epilepsy gives rise to epilepsy in the next generation, but to

insanity also. Hypochondriac, hysteric and neuralgic parents, or those subject to intense headaches or cerebral hæmorrhages, transmit to their children the liability to nervous diseases which may assume one or the other form of brain trouble; but all of this class of diseases will be distinguished by the completeness of the remissions between the attacks, the explosiveness of the attack itself, and the recurring periods of exaltation and depression. And this is also true of a class of disorders, which seem hardly to be regarded as diseases, but rather as exaggerations of a highly nervous temperament. Those given to uncontrollable fits of passion, or in whom the propensity to intemperance or lasciviousness has been strongly evinced without the proper self-discipline to restrain it, are very apt to bequeath to their children the fatal predisposition to mental alienation. The principal methods by which insanity is handed down from father to son and to children's children may thus be comprised in the four classes we have been considering, viz :

"1. Insanity is transmitted with general identity in form of disease, general course of phenomena and age of accession.

"2. The inherited disease may be so intensified in succeeding generations that its access is earlier, its symptoms are more grave and the tendency to recovery lessened. Or if recovery takes place, a recurrence of the attack is more imminent.

"3. Insanity may be the result in one generation of any one disease of a nervous type in a former generation. But this transformation does not extend to diseases of another type.

"4. The peculiarities of a highly nervous temperament may in a succeeding generation be so exaggerated as to become symptoms of mental disease. So also may uncontrolled propensities and instincts engender like disease in the posterity.

"The latter means of influence exerted by hereditary transmission are rarely, if ever, noticed in the certificates of physicians, accompanying the applications for the admission of patients. A little inquiry on their part respecting the nervous diseases of the ancestors of the patient, would often elicit much valuable information from friends, who, anxious to conceal, may be on their guard against any direct questions as to the existence of hereditary tendency to insanity, and would throw much light upon the various phenomena displayed by the patients themselves. I cannot pass from this gloomy picture, without adverting to the more cheerful tints with which the hand of Nature tempers the sombre shades. Usually the degeneration once commenced in the race, in

either of the ways alluded to, goes on from bad to worse, both as regards the intellectual and physical vigor. The progeny are of short lives or feeble vitality, or if they attain to adult years their vitality is so diminished that the attainted race dies out. But, on the other hand, by careful and judicious alliances, by the introduction of a purer blood, a tendency to improvement is set on foot, the downward progress is arrested, and if the same care be exercised for the future and circumstances be propitious, the race is gradually renovated. Were it not for these antagonistic influences thwarting the constant struggle towards degeneration, it would be truly fearful to contemplate the rapidity with which insanity, epilepsy and other kindred evils, would involve a very large proportion of mankind."

Dr. Gundry thinks the war has tended to lessen rather than increase the liability to mental disease. His statistics for the year are: Admitted, 92; discharged, 90. Discharged, recovered, 61; improved, 11; unimproved, 7; died, 11.

27. Dr. Woodburn, Superintendent of the Indiana Hospital for the Insane, reports the admissions for the year at 200, and the discharges at 202. There were discharged, recovered, 114; improved, 26; unimproved, 47; died, 14.

28. Dr. Van Deusen's biennial report of the Michigan Asylum is replete with general and professional interest. His discussion of the vexed question of provision for the incurably insane poor is especially practical, and in our opinion suggests the only feasible method of relief for this existing evil. Dr. Van Deusen observes:

"The assumption by the State of a certain proportion of the cost of the continued support in this institution of all insane, admitted upon the orders of county officers, after they shall have been under treatment a certain time, might at least prevent the return of unsuitable patients to the poor houses. The adoption of this system of provision, would at once cause an accumulation in the wards of the asylum, which, in the present conditions of the buildings, would effectually close them to recent cases. This, of course, should not be; but were the institution now completed, no addition to its capacity would probably be required for the reception of females, in less than five years, nor for males in less than ten years.

"This increase of capacity should be so effected, not by additions to the present structure, but by the erection, at suitable points, of buildings especially designed for the purpose. To these, patients would be assigned from the asylum proper, none but those in good physical health being thus selected, and only those whose condition was such as to permit of their being removed from the controlling discipline essential in a hospital for the insane, to the more domestic care they would there receive.

"To this system of provision, the details of which it is not necessary here to present, there are objections; some of these will suggest themselves at once, others can be considered only in connection with the advantages which it is thought it might secure. As it now is, within the next five years, from fifteen to twenty of the counties of the State will be compelled to erect receptacles of some sort. If cheap, temporary affairs, every cent invested will be worse than thrown away; if erected in accordance with any intelligent view of the purpose to be met, the cost would be much greater than that necessary to complete suitable buildings in connection with this institution, adequate to the wants of the entire State for a long time to come. The increased expense incident to the keeping in repair of many buildings, over that required for a few, and the cost of the repeated removal and return of patients to make room for more urgent cases, are items for consideration.

"Certain counties, from their geographical position, become centres towards which vagrant lunacy naturally tends, and are made to bear a disproportioned burden of expense which would be in a measure equalized. The source of the fund proposed is another matter for consideration, and the probability of the passage of an act of Congress, once introduced, making grants of public lands for the support of the indigent insane, are important points in determining the feasibility of the plan."

The professional reader will be interested in the medical notes and observations contained in Dr. Van Deusen's report. We can only extract the following case:

"There has been presented for treatment during the year, a case of the somewhat rare but very interesting form of disease, described by Drs. Romberg and Hensch of Berlin, Drs. Marsh, Begbie and others, of Great Britain, and Dr. Worthington of the Friends' Asylum at Frankford, Pennsylvania. The disease in question, occurring, as a general rule, in

females only, seems to be characterized by a combination of the following symptoms: anæmia, enlargement of the thyroid gland, protrusion of the eyeballs, and abnormal mental manifestations of a peculiar character. In May last, application was made for the admission of a lady who had been recently confined with her first child, and was said to be laboring under an attack of puerperal mania. Her symptoms, as represented, were not very urgent in character, her sleep was not seriously disturbed, her appetite was fair, and general strength good. As our wards were greatly crowded, and her friends able to secure every possible attention, her admission was deferred until some special provision could be made for her reception. The application being urgently renewed within a few days, her removal to the institution was decided upon, and effected with great care. The peculiar character of her malady was at once recognized, but it was evident that there was present serious cerebral disease of recent date, with delirium so intense as to have been readily mistaken for mania, and which soon terminated fatally. The earlier symptoms in this case coincide most remarkably with those the authors referred to, have presented as characteristic of the disease. The anæmia and palpitation appeared some five years since; the enlargement of the thyroid gland and protrusion of the eye were later symptoms and slow in development. The protrusion was ultimately very great, amounting to one-fourth of an inch beyond a line drawn from the superciliary ridge to the prominence of the cheek, but had at no time impaired vision. The mental symptoms were of the same peculiar character. The caution as to special care in these cases, just previous to confinement, is worthy of note. The dangers incident to this period were in our patient increased by the existence of a permanent enlargement of the tonsils. In a recent medical publication, 'M. Charcot relates a case of *ex ophthalmic goitre* in which all the symptoms were most favorably modified, or arrested by the puerperal state. It appears that the same results have been observed in three cases recorded, in which the women became *enciente* while suffering under this affliction.' In the case here reported, the same favorable modification marked the character of the mental manifestations, the other symptoms continuing without special change. The immediate cause of the protrusion of the eyeball which has been variously explained, seemed in this case to be mainly due to muscular flaccidity."

The Michigan Asylum admitted during the years 1861 and 1862, 187 patients, and discharged during the same period

141. Of the latter, 63 had recovered; 25 had improved; 26 were unimproved; and 27 died.

29. Dr. McFarland, Superintendent of the Illinois Insane Hospital, thus adverts to the present war; its influence in producing insanity, and its future bearing on the national mind:

“The question is daily asked, How far the great fact of the day—the life-or-death struggle on which the all of our civil institutions is now staked, is influencing the public mind in the production of mental disease. It would naturally be supposed that the issues involved, so momentous in the mind of every patriot—the absorbing anxieties pervading so many families; the bereavements that have clad so many households in mourning; so much of personal suffering in camp, field and hospital, would assuredly have made itself felt in such an institution as this; that here would lie one of the most delicate pulses at which the tumultuous beating of the great public heart might be accurately touched. Nowhere, certainly, in the whole country, has the sentiment of devotion to the common cause been more universal; nowhere has all the strength of families so frequently been risked to the chances of the battle-field as in the community from which this institution draws its subjects. While the result of so much intense feeling in the public mind, and of suffering on the part of individuals, will surprise, from its comparative smallness, there is enough to be gathered from our records to show, pretty exactly, how far, and in what way, the Great Civil War has become an agent in inducing mental disease. The most interesting part of the inquiry is, Whether the sufferings and privations of the field itself, or the sympathies and bereavements of those left at home have contributed most to our results? A first thought would assign as much of the weight of the common affliction to the latter, at least, as to the former; would apprehend more of danger from the intense sympathies, the dread apprehensions, and the crushing bereavements of the wide circles that remain at their homes, than from the casualties of military service itself. Yet it is strikingly evident that the reverse is true. The hardships and sufferings of warfare, itself, have made themselves palpably felt, while the excitements, anxieties, and sometimes overwhelming bereavements, of those whose all has been pledged, have hardly made a trace on our records. It proves that the same devotion which gave fathers, brothers and sons to the chances of the conflict, has so nerved all hearts to the

consequences of the sacrifice, that even the terrible disclosures of the battle-field bulletins have carried few beyond the bounds of temperate grief. Indeed, it may be claimed that the 'war excitement'—limiting the phrase to its true meaning—has been healthful in its operation upon the public mind. It is purely an objective, and not a subjective emotion; or, in other words, its influences come upon the individual mind from without, instead of being a feeling generated from within. Hence its great contrast with those gales of popular delusion, such as 'Millerism,' 'Spiritualism,' etc., which have wrought such ruin in time past, and whose melancholy wrecks are still found strewn among all our institutions for the insane.

"Reduced to a table, this subject solves itself thus: Soldiers brought from camps, hospitals, etc., 14; friends made insane from sympathy, anxiety, etc., 2; cases produced from war excitement, generally, 7; total, 23.

"Mournful as any table of mortality or suffering must be, especially when made necessary by the crimes of others, the true psychologist sees in the above but a small price for the vast invigoration of the American mind which present events are sure to result in, provided the contest is not carried to the point of exhaustion. It is a national athleticism on a grand scale—the protracted tournament of a whole people—in which the valetudinarianisms of a long peace, and the enervations of an ultra pacific policy, are to give place to national vigor, and open the dawn of a new national life. We see, if the conditions now indicated do not disappoint us, a fresh infusion into all those streams which make great a national character. We hail our near future as the birth-time of ideas worthy a great people, when science shall take longer strides than ever before, literature receive a now inconceivable impulse, enterprise stretch in all directions its giant arms—when national honor shall be inviolable everywhere, and our country claim her seat among the highest in the councils of the nations. The preparatory school for all this is now open; a school far grander than that which produced our past revolutionary statesmen, and gave science its triumphs in the discoveries of Fulton, Franklin, and Rittenhouse. These anticipations, being based on psychological premises, have the same propriety of expression in these pages that subjects relating to hygiene, and sanitary science may have in the report of a hospital for general disease. As the physician, in his rounds among the sick, becomes an accurate observer of the influences which promote or disturb the public health, so, from a

field where the mind diseased has its largest congregation, the agency of remarkable events on the mental progress of the community may be viewed with some degree of profit."

The general biennial statistics for the hospital are, 386 admissions, and 315 discharges. Discharged, recovered, 165; by order of trustees, 57; improved, 34; informally, by consent of friends, 20; eloped, 5; died, 34.

30. The report of the resident physician, Dr. Tilden, discloses the fact that the California Asylum, which has accommodations for only two hundred and fifty patients, contains a population of over five hundred. The impossibility of proper classification and treatment under such circumstances, is ably argued by Dr. Tilden. As means for relief, he suggests the erection of additional buildings, and certain amendments to the organic law, whereby the County Courts may be prevented from committing improper patients to the asylum, and those possessing property may be compelled to defray the expenses of their own support. He says:

"The history of Insane Asylums, the world over, cannot produce another instance, except, perhaps, in some of the pauper asylums in Europe, of five hundred inmates, of whom less than a half dozen are found on the list of 'paying patients.'"

Under the head of treatment, Dr. Tilden observes:

"If it be true, that the physical organization is but the medium through which the living spirit, or imperishable man, holds connection with the outer world, it follows that we must look for the proximate cause of insanity to some change in the organism of the brain—the medium through which the powers of the mind are manifested—and not to any change in the mind itself. Powers known to physiologists as 'vital energies,' are but so many means of expression of the imperishable man made through perishable organisms, and the productions, or 'secretions' of organs are only so many manifestations of these powers.

"The organs constituted for the uses of the vital energies have no powers, *per se*, by which they can produce their secretions. The liver, for instance, secretes bile, the kidneys urine, and the parotid glands saliva, not independently of,

but subserviently to a living principle which thus manifests itself.

"The secretions may become morbid, or suspended altogether, but not from changes in the vital energies which preside over them, but because of changes in their several organisms—the peculiar formation and adaptation of the constituents of which having suffered some interruption to their normal state and relations.

"In like manner may the powers of the mind—attention, comparison, imagination, reflection, and reason—be suspended wholly or in part, and the intellectual expressions become incoherent and deranged; but the derangement in the manifestations of these powers cannot be properly referred to changes in the mind itself, but rather to some disturbances suffered by the organism of the brain, upon the normal condition of which depends healthy mental action. The darkness which surrounds the connection of spirit and matter, constituting the living, moving, breathing man, renders it impossible to determine, with any great degree of accuracy, the nature of the lesions of the brain which occasion the several types of insanity; nor can we, for the same reason, draw the line between disorders from functional derangements, and those occasioned by organic changes, if indeed it can be said, in truth, that insanity can exist at all from functional derangement alone."

We subjoin the general statistics: Admissions for the year, 301; discharges, 215. Discharged, recovered, 93; died, 65.

31. Dr. Clements, of the Wisconsin State Hospital for the Insane, reports 89 admissions for the year, and 61 discharges. There were discharged, recovered, 25; improved, 8; unimproved, 7; died, 21.

32. Dr. Workman alludes to the equal incidence of insanity in the two sexes, as observed in the Toronto Asylum, and calls attention to the significant fact that the number of admissions of single men and married women have maintained an almost constant equality, while the opposite result has obtained in the ratio of single men to single women. The preponderance of insanity in single men over single women, he ascribes to a cause "with which physicians of the insane are but too well acquainted." He argues that insanity is more frequent in married women than in married men, for

the reason that "women are unavoidably the subjects of numerous impairing and disturbing agencies, both physical and mental, from which men are exempt. Gestation, parturition, lactation, uterine disorder, want of sleep, defective nourishment, bad air, &c., &c., may be instanced in the former; and drunken husbands in the latter." Dr. Workman adds:

"Should we affirm that marriage determines to insanity, in women; or, that it protects from it, in men? The fourth column of the table seems to indicate that celibacy in women, at all events after the age of thirty, conduces to sanity. But women most predisposed to insanity are most likely to marry young, and to make unsuitable and unhappy matches; and therefore, perhaps, our third column receives those who, had they remained single, would have increased the number in the fourth. Of thirty single women admitted last year, only seven became insane after the age of 30 years; but of fifty-four married women becoming insane, forty were of the age of 30, and under.

"It must be quite manifest to all men of common sense, desirous of obtaining wives exempt from the risk of insanity, that they will have the best chance by marrying women past thirty."

We commend the Doctor's comforting conclusion to all disconsolate maidens of a certain age.

Dr. Workman observes that the opinion expressed in his report for 1859, that the proportion of recurrent cases of insanity in this county is smaller than that recorded by Dr. Tuke, of England, has been fully verified by his experience.

Dr. Workman's observations upon "the visitation of patients by their friends" will be readily appreciated by medical officers of asylums. The annoyance, however, cannot be avoided, for the reason, "that all the insanity of a family is not concentrated in the one member who may have chanced to be sent to the asylum. Family resemblance is not restricted to bodily forms and features alone."

In this connection Provincial legislation comes in for a satirical touch:

"Yet our Provincial Statute for the government of private lunatic asylums (see clauses 83 and 84,) takes away all dis-

cretionary power of refusal from the physician; and he is required to admit relatives or friends, on the order of any *visitor* of the asylum—that is, a *Justice of Peace!*—God save the mark—and the order may be for one admission or any limited number, perhaps a dozen or a score, just as *Dogberry* prescribes; and a penalty of eighty dollars is to be paid for every refusal. The framer of such a law must have been a bright genius, and deeply read in the science of psychology.”

The statistics for the year are as follows, including the University Branch. Those for the Orillia Branch are given elsewhere in our pages: Admissions, 94; discharges, 76; deaths, 25.

Dr. Workman concludes his report with the details of several instructive post mortem examinations.

33. The Branch Lunatic Asylum at Orillia is “a large brick edifice originally built for a hotel.” It is a branch of the Provincial Asylum at Toronto of which Dr. Workman is Superintendent. Dr. Ardagh is the resident Medical Superintendent. The Orillia Branch in connection with the University Branch, receives the overflow of the Toronto Asylum. By permission of Dr. Workman, recent cases are occasionally received at Orillia. The general statistics for the year show 83 admissions; 2 discharges; 2 deaths, and 1 elopement.

34. The Malden Lunatic Asylum, was originally an old barrack. Our Canadian friends have a penchant for this species of architectural metamorphosis. Still, that much can be accomplished even with an old barrack, has been demonstrated by the energy and ability of Dr. Fisher. Dr. Tache, one of the inspectors of Asylums, Prisons &c. in Canada, refers to the asylums of the United States as “hotels kept on a magnificent scale, in which wealthy lunatics are under restraint.” That our *amour propre* may not be too rudely shocked by the verdict of this amiable and large hearted philanthropist, we give the picture of one of Dr. Tache’s model “hotels” as drawn by the Superintendent, Dr. Fisher:

“The admission of violent maniacs, suicides, and numerous elopers, has entailed heavy additional responsibilities on the medical superintendent, increased the anxieties of the officers,

and augmented the labor and care of the employees of the asylum, which, in its construction, is but indifferently adapted for the custody and treatment of such cases. It is comparatively an easy matter to take care of such cases in a well arranged modern asylum, provided with all the necessary conveniences for the custody and classification of its inmates: it is not so easy in an asylum only half completed, as at Toronto; but it tries one's administrative tact to the utmost to do so in such buildings as we have at our command here. The insanity of one of the females admitted is complicated with *pyromania*. The very name of the complication is sufficient to instil terror into the heart, when the *combustible nature of our wooden buildings, large number of helpless inmates, the lath and plaster partitions, and the only but unsafe method of heating, by means of stoves and stove-pipes*, which, under the best circumstances, are insecure, are taken into consideration. She set fire to, and burned a number of stacks of hay and corn before her transmission to the asylum, and her proclivities for kindling fires may yet make her a troublesome customer here. Her proclivities are known; the nurses have been enjoined to watch her attentively, and it is confidently hoped that she will have no opportunity of indulging her propensity here."

Dr. Fisher gives the following statistics; Admitted during 1862, 34; discharged, 6; eloped, 1; died, 11, remaining, Dec. 31, 1862, 218.

35. Dr. Henry Howard, Superintendent of the Provincial Lunatic Asylum, at St. Johns, C. E., reports the admissions as 34; the discharges as 17; and the deaths for the year as 4; total under treatment, 78.

We trust the *Inspectors* will be lenient towards Dr. Howard after reading the following extract from his report:

"Before taking into consideration whether seventeen out of seventy-eight cases is a fair number of recoveries, I beg that you will please recollect: 1st. The unfavorable circumstances under which I suffer for the treatment of patients; 2ndly. That out of the seventy-eight cases, there are twenty perfect idiots, who never possessed and can never be endowed with reason; and, 3rdly. That of the remaining fifty-eight, it is fair to presume that they were about the worst of the large number of applicants for whom admission was sought.

36. Dr. Litchfield, Superintendent of the Rockwood Lunatic (Criminal) Asylum, at Kingston: C. W. reports as follows:

“Number of lunatics under treatment in the asylum during the year 1862, 103; number of lunatics remaining in the asylum on the 31st December, 1861, 87; convict lunatics sent from the penitentiary to the asylum in 1862, 7; criminal lunatics, and lunatics dangerous to be at large, sent under warrant from the county gaols, 9; number of male lunatics in the temporary asylum within the penitentiary, on the 31st December, 1862, 44; number of female lunatics in the temporary asylum at Rockwood on the 31st December, 1862, 23; number of male lunatics in the new asylum at Rockwood, 31st December, 1862, 20; number discharged during 1862, 9; number died during 1862, 7.”

Dr. L. announces that the east wing of the new asylum will be ready for occupation during the year. It will have accommodations for more than one hundred male lunatics.

37. The admissions for the year, at the provincial Hospital for the Insane, at Halifax, N. S. were 43; and the discharges 30. Of those discharged, 15 were restored to health; 8 were more or less improved; and 5 died.

Only one-half of the asylum, according to the original design, is completed. If the completion of the building, as urged in previous reports, be deemed impracticable at this time, Dr. De Wolf suggests the erection of cottages of an inexpensive character, where the more quiet and orderly patients may be domiciled, and thus enable the hospital to receive the acute and urgent cases requiring treatment.

We have noticed the reports of the Canadian asylums separately, although they are all included in the general report of the Inspectors of Asylums, Prisons, &c.

In glancing at the report of the Inspectors we have been struck by the incongruous combination of functions devolving upon this Board. We are at loss to conceive what possible relationship can be instituted between prisons and asylums for the insane. Such an association must naturally tend to lower the general tone of medical administration necessary to the hospital, and, as this report of the Inspectors clearly manifests, to put in its stead the prison discipline and spirit. Economy, however, is the pivot upon which the report turns—how the

minimum of food or cubic space has been, and is to be still further applied to the unfortunate wards in asylums and prisons. The Inspectors congratulate themselves and the Colonies on the introduction of a new dietary, by which they are enabled to sustain the prisoners on *six cents a day*, and still get work out of them. They have also made the profound discovery that the new system is "cheaper" than a bread and water regimen, and the *mortality less*.

The Inspectors recommend for Upper Canada, the completion of the asylum at Rockwood "without loss of time;" and the completion of the asylum at Toronto "by degrees." For Lower Canada they recommend the continued maintenance of the Beauport Asylum; and the substitution of a new and large asylum for the western part of Lower Canada, for the temporary asylum at St. Johns.

Were it not for the reason given in their report that "the asylum at Beauport accommodates a larger number of patients in a given cubic space, than any other of our asylums," it would surprise us that the Inspectors should not only recommend its continued maintenance, but commend the Beauport institution, an old crowded establishment, which was neither built nor organized for the care of the insane—as the best asylum in Canada, particularly in view of the following confession of the Inspectors, that it has not even a resident physician :

"The Inspectors, who admire the asylum at Beauport as occupying the *"juste milieu"* between the penury of municipal asylums, and the luxury of certain asylums in the neighboring Republic for instance, cannot but regret the want in this institution of a resident physician, who should attend solely to the patients, and have the constant dispensing of those remedies of a moral, disciplinary and medical character which conduce so much to restore the lost faculty of reason."

S U M M A R Y .

NOSTALGIA IN THE FIELD.—A recent number of the *Medical and Surgical Reporter* has a valuable paper from Dr. Calhoun, Surgeon-in-Chief 2d Division, 3d Corps, on nostalgia as a disease of field service. After alluding to the peculiar causes operating to produce the disease, he mentions a case of simple nostalgia, with loss of appetite and general impairment of functions, occurring in an officer, and remarks:

“But I fancy that pure uncomplicated cases of nostalgia, requiring treatment, are seldom met with in the field. It is more frequently a complication or a cause of other disease. The very existence of nostalgia, presupposes a state of mental depression, extremely favorable to the contraction of disease. The typho-malarial fever and camp diarrhœa are diseases asthenic in their character, and always characterized by marked depression of all the vital functions. The state of mental depression, that is coëxistent with nostalgia, acts as a predisposing cause of these diseases, or as I have frequently found, is coëxistent with them. Sometimes the nostalgia is, on the contrary, produced by other diseases. The patient becomes disgusted with his condition, and sighs for the comforts of home, until his yearning for home scenes becomes morbid. But be the nostalgia the *cause*, or the *result* of diarrhœa, dysentery or typhoid fever, it is in either event a complication to be dreaded as one of the most serious that could befall the patient.”

Dr. C. thinks troops from rural districts more susceptible to this disease than are those from cities, and he ascribes the greater mortality in the former to the fact that under the depressing operations of nostalgia they are less able to withstand surrounding morbid influences. In support of this view he presents the following illustration:

“A more striking instance was the One Hundred and Twentieth N. Y. Vols. When I took charge of the division, about one year since, they were losing men by death daily.

That it was not due to local causes was proved by the fact that adjoining regiments, exposed to the same local influences, lost none, and of the patients at our division hospital, with the same diseases, (typho-malarial fever and camp dysentery,) those from the One Hundred and Twentieth died under the same treatment that the others got well on. The regiment is from one of the river counties of New York State. Nearly all who died were farmers. Those who were sent on furlough got well, while those who remained died. But a still further proof is present. The battle at Chancellorville cured the regiment, and it has since enjoyed as good health as any in the division.

"This leads me to the remark, that *battle is to be considered the great curative agent of nostalgia in the field*. The One Hundred and Twentieth was a new regiment, comparatively. They, without ever having been in battle, were brigaded with the veteran Excelsiors—they had no *esprit-du-corps*—they were home-sick. Nearly one-half of the express boxes sent to the division at Falmouth were for that one regiment. The regiment was but a regiment in name—its thoughts were all at home, while its members were here.

"At Chancellorville they fought nobly—they won a name—they had something to be proud of—they gained an *esprit-du-corps*—their thoughts were turned from home, and they felt they were men and soldiers; peers of the veterans with whom they associated; and from that day to this, there has been but little or no sickness, and but two or three deaths."

Dr. Calhoun believes the furlough system has been beneficial both in the prevention and cure of nostalgia:

"When General Hooker took command of the army, after it had been well nigh demoralized, he at once adopted a furlough system in which furloughs were granted as rewards. It was a fine stroke of policy, and, added to his other order, granting supplies of vegetables, his well fed army, with the hope of a furlough as a reward for good conduct, in an incredibly short space of time recovered its lost morale. I believe Hooker's furlough system to have been a grand hygienic measure. Let a man know that by good conduct he will sooner or later become entitled to a furlough, and he won't be home-sick; neither will he have the incentive to desert."

He concludes as follows:

"But when nostalgic patients in the field cannot be granted furloughs—cannot be laughed out of it, and there is no campaign in progress, they should be kept at work. Idleness is

a provocative of home sickness. Let the patient be hard at work all day, and he will have a relish for his rations, and will sleep soundly at night, having little time to think of home. If his nostalgia is coëxistent with some other disease, use every endeavor to keep him cheerful, and divert his thoughts from home; but if he is suffering from chronic dysentery, or typho-malarial fever, or is inclined to phthisis, and he becomes decidedly nostalgic, be extremely guarded in your prognosis. The patient will very probably die."

SENILE DEMENTIA.—At the end of an elaborate memoir on senile dementia and its difference from general paralysis of the insane, M. Marcé, of the Bicêtre, gives the following conclusions: 1. Senile dementia does not constitute a distinct morbid state. It is an *ensemble* of symptoms connected with various organic affections of the brain, and especially with apoplexy and softening. 2. It consists of two orders of symptoms; some affecting motor power, which is more or less abolished; others affecting the intellect, of which the principal lesion is gradual weakening, to which are superadded as accidents, isolated delirious ideas, or maniacal or melancholic delirium. 3. The disturbances of the motor function are always explained by the existence of organic lesions in the course or at the origin of the motor fibres; while to the impairment of the intellect correspond atrophy of the cerebral convolutions, fatty infiltration and more or less complete obliteration of the capillaries, and atheromatous degeneration of the nerve-cells and tubes. 4. While it offers numerous points of contact with general paralysis, senile dementia may be distinguished from it, in the majority of cases, by clinical signs. In a pathological point of view, both these diseases offer, as a common terminal result, atrophy and fatty degeneration of the nerve-tubes and cells. But, in general paralysis, this atrophy is consecutive to a plastic exudation which, poured out around the capillaries, produces adhesion of the pia mater to the cortical substance, diminishes the calibre of the vessels which it compresses, and thereby presents an obstacle to the circulation of the blood. In senile dementia, on the other hand, the obliteration is a consequence of atheromatous deposits, which are spontaneously produced as a result of advanced age and of a diminution of the assimilative power in the capillaries. These two states, then, differ widely in their nature; one is, if not inflammatory, at least exudative in its origin; the other is an arrest of nutrition.—*Brit. Med. Journal*, from *Gazette Médicale de Paris*.

AMERICAN MEDICAL ASSOCIATION.—The fifteenth annual meeting of the "American Medical Association" will be held in the city of New York, commencing on Tuesday, June 7th, 1864, at 10 A. M.

At the last meeting of the Association, held at Chicago, the following gentlemen were appointed the *Committee on Insanity*: Dr. Ralph Hills, of the Central Lunatic Asylum, Columbus, Ohio; Dr. C. H. Nichols, of the Government Hospital for the Insane, Washington, D. C.; Dr. D. P. Bissell, of Utica, New York; Dr. S. W. Butler, of the Insane Department of the Philadelphia Hospital, Philadelphia, Pa.; Dr. John S. Butler, of the Retreat for the Insane, Hartford, Conn.

MEETING OF THE ASSOCIATION.—The eighteenth annual meeting of "The Association of Medical Superintendents of American Institutions for the Insane," will be held at Willard's Hotel, Washington, D. C., on Tuesday, May 10, 1864, at 10 A. M.

INEBRIATE ASYLUM FOR NEW YORK CITY.—Application has been made to the Legislature, by the Commissioners of Public Charities and Corrections, for authority to establish an Asylum for Inebriates in New York city, in connection with the Alms House department.

A CIRCUMLOCUTION OFFICE.—The habits of vagrants present a subject worthy of the study of a philosopher. How they live, and how they do not live, is a question which no one has as yet attempted to settle. They are persons without any visible means of living, and yet they live to a greater age (according to the vital statistics of the State of Massachusetts) than any other class. Everyone must have occasionally missed a troublesome caller for alms for a considerable period, and then have been surprised to meet again the old familiar face deformed with its usual chronic expression of pain and suffering. It may have excited his curiosity to inquire where this vagrant has a retreat. The records of our Alms-House reveal a curious fact bearing upon this point. In a statement of vagrants and disorderly persons transferred from the city prison to the work-house on Blackwell's Island, during the year 1863, and the number of times they have been previously committed, it appears that there were committed—for the 1st

time, 5,775; 2d time, 649, 3d time, 526; 4th time, 443; 5th time, 286; 6th time, 450; 10th time, 632; 15th time, 40; 20th time, 253; 25th time, 68; 30th time, 152; 40th time, 209; 50th time, 148; 60th time, 167; 100th time, 700. Total, 10,753. 2,328 were males, and 8,425 females. Aggregate number of times committed, 139,057, or twelve times for each.—*American Medical Times*.

SURGICAL CASES IN THE INSANE.—Asylum practice not uncommonly yields cases of peculiar interest, even in Surgery. Dr. Bower was good enough to place before me several remarkable illustrations, of which I may note two or three. In one of these cases the patient, a female, aged 43 years, retired one morning to a water-closet, after having secreted about her dress a pair of scissors, and before she could be prevented had time deliberately to make an opening into her own abdomen, draw out some inches of the small intestine, cut the portion drawn out clean off, and throw it away. When Dr. Bower arrived he found two open ends of bowel protruding, and he endeavored to bring them together by sewing their ends while in apposition. This direct object did not succeed; the open ends of the bowel became adherent to the wound in the walls of the abdomen, and an artificial anus was formed in the median line, midway between the umbilicus and pubes, through which the evacuations of the bowels were discharged. To the surprise of all, this woman recovered without a bad symptom, and some time afterwards she was discharged from the asylum cured of her insanity. Later in her life she was actually one day sent from her native place to the asylum either in charge of, or to fetch home, another patient. At that time she remained in bodily and mental health, suffering no further inconvenience than that from wearing a support, and of having to discharge the contents of the bowels through the artificial opening.

A patient was shown to me on the male side who had lost two fingers—the first and second of his hand—down to the second phalanges. The loss was occasioned, not by an accident, but positively from his having himself bitten the fingers off and eaten them. The operation appears to have been done almost unconsciously, and to have given rise to no pain. The wounds closed well, and the stumps are as perfect as if the amputations had been conducted on the most improved surgical method.

A third case was that of a man who suffered from sloughing of the scrotum to such an extent that both testicles were ex-

posed, and were for some weeks clearly dissected out, as it were, and pendant. The patient having improved in general health, the sloughing was arrested, reparation set in, and gradually the testes became invested in new tissue, until, at last, they were surrounded by what seemed like a new scrotum. It would have been difficult to discover, when the cure was completed, that new structure had been formed—the scrotum was so natural.—*Medical Times and Gazette.*

THE WRITINGS OF THE INSANE.—M. Brierre, the distinguished French alienist physician, in a recent communication, makes some interesting observations upon the writing of the insane, in relation to diagnosis and legal medicine. First, the handwriting itself is found to be different in maniacal excitement, monomania, and melancholia. In the first two of these conditions the writings are crowded with capital letters, placed in all parts of the words, which are underlined with excessive frequency. This feature is of importance if observed in those who have already been mad, as indicating a certain return of the malady; and when existing in documents, however carefully these may be otherwise drawn up, it is a proof of the existence or return of disease. Sometimes the letters are filled with flourishes and erasures, and at others they are singularly arranged, consisting in part of fragments, difficult of comprehension, and mingled with cabalistic signs, a kind of hieroglyphics, probably having their signification to the lunatic. In melancholia the words are slowly traced, and are frequently of unequal size and unfinished. Dementia and general paralysis are recognized in the trembling writing, inequality of the lines, graphic signs, the forgetfulness of words or letters, a tiresome repetition of the same expression, incoherence of ideas, and an omission of some of the parts of speech. Remarkable exceptions, however, exist; persons in an advanced state of general paralysis having, in some instances, been able to produce well-written letters to the last. With respect to composition, the letters of lunatics written during the course of their disease, or in the intervals of paroxysms, are sometimes admirable productions, full of reason and healthy sentiments, and well calculated to deceive jurists and the public. At a recent trial for parricide, a letter was produced, in which the passion of love was painted in so simple, touching, and honest a manner, that it was at once pronounced it could not have been the production of a lunatic, until it transpired that the object to whom it was addressed had, two years before, become a wife and a mother, circumstances only

to be forgotten by a madman. In another case, a lady, long the subject of maniacal excitement and nymphomania, addressed letters, models of affection and religious devotion, to her children. In the face of instances like these, great must be the surprise felt at the facility with which magistrates and men of the world pronounce upon the question of lunacy; while those who are constantly in the company of the insane are confounded by these anomalies of the intellect, which remain for them unfathomable mysteries. The general conclusion to be drawn from the above observation is, that the handwriting of the insane may supply useful material for diagnosis, and that it is an entire fallacy to suppose that reasonable letters cannot be written by lunatics.—*Medical Times and Gazette*.

DIGITALIS IN THE TREATMENT OF EPILEPSY.—A young child, not quite two years of age, was brought to Professor Clark's Clinic on the 24th of September last, to be treated for "fits," from which it had suffered for the last twelve months, occurring every three or four weeks—limited to one in a day, though on one day it had seven. The child was nursing; took no other nourishment; its bowels were generally costive. After questioning the mother closely in regard to the symptoms exhibited during the attack, Professor Clark was convinced that the character of the disease was epileptic, or at least epileptoid, as most of the symptoms of epilepsy were manifested in a greater or less degree. Acting upon a suggestion previously made by a medical friend, Professor Clark determined to give the digitalis a trial, and the child was accordingly put upon one drop of the tincture three times a day, with directions to increase the dose gradually as circumstances might indicate. No attack occurred, however, since commencing with the tincture, one drop of which had been taken regularly three times a day until January 14th, when the child was again presented at the Clinic, nearly four months having elapsed since the last attack. The Professor remarked that if this was the result of the treatment, we might well sing the praises of digitalis; but as "one swallow does not make a summer," we cannot well judge from a single case whether the child's present favorable condition is the effect of the remedy administered, or a remarkable coincidence. Other remedies have from time to time been recommended, and been attended with success for a time, and afterwards failed to effect a cure; the sulphate of zinc is one that has borne a high reputation.

Professor Van der Kolk has had some success in the treatment of epilepsy, by applying cupping-glasses with scarification or leeches to the back of the neck, followed by seton or issue, with the view to moderate the exalted sensibility of the medulla oblongata, and prescribing internally the infusion of digitalis with small doses of tartar emetic, if the patient can bear them without nausea, to moderate still further the excited vascular action; but says he never succeeded in curing a case with digitalis alone, though he believes it contributes much towards promoting the cure. Whatever may be our future experience with this remedy, this case of Professor Clark seems of sufficient importance to claim the attention of the profession, and to secure for the digitalis a further trial in the treatment of this troublesome disease.—*American Medical Times*.

MARRIAGES OF CONSANGUINITY.—M. Seguin denies that marriages of consanguinity have necessarily a tendency to produce diseased offspring. He relates the results of ten marriages which have occurred between his own family and the family of Montgolfier. Eight of these marriages were between cousins-german, and two between uncles and nieces. Between 1812 and 1858, sixty-one children have issued from these unions, of whom forty-six are alive. No case of deaf-and-dumbness, of hydrocephalus, of stuttering, or of six fingers on the hand, has been observed among them. M. Seguin concludes that, when there exists any constitutional tendency to disease in a family, the tendency to its development is increased in the offspring by consanguineous marriage; but that, in alliances between members of a family endowed with a good constitution, there will be augmentation of the vital forces in the offspring. This is, in fact, just what is observed by animals whose breed is improved by man. M. Flourens remarked on the subject, that it is always well to study long before publishing, and that nothing has hitherto been advanced on the subject of consanguineous marriages worthy of serious consideration.—*British Medical Journal*.

MARRIAGES OF CONSANGUINITY.—M. de Cricq-Cassaux, with a view to refute the arguments lately brought forward to prove the danger of marriages amongst relations, quoted at the last sitting of the Academy of Sciences the example of the ancient kings of Persia, who, since the time of Cambyzes, had been in the habit of marrying their sisters, and even their daughters, and yet produced a very fine race.—*Lancet*.

CORRECTION.—We stated on page 359 that the Medical Faculty of Harvard University have the credit of being the first in this country to make mental disease a part of the course of study. We were not aware at the time we made this statement, that Dr. Macdonald, about the year 1840, delivered a course of lectures on Insanity in the College of Physicians and Surgeons, of New York city, and that in 1853 Dr. Pliny Earle delivered a course in the same place. We are happy to make this correction in justice to the College of Physicians and Surgeons, an institution which has always been foremost in whatever pertains to medical progress and efficiency.

NOTICE.

The twentieth volume of the JOURNAL OF INSANITY is completed with the present number. The publishers have the pleasure to announce that the next volume will appear in new Pica type, on a better quality of paper, and slightly enlarged in size. In view of these changes, and of the enhanced cost of material and labor, the subscription price will be FOUR DOLLARS a volume hereafter, and until further notice.

Complete sets of the JOURNAL (bound or unbound) can be obtained on application to the PUBLISHERS OF THE JOURNAL OF INSANITY, Utica, N. Y.

STATISTICS OF AMERICAN ASYLUMS FOR THE INSANE.

FOR 1862.

TITLE.	LOCATION.	State.	Foundation.	Date of Opening.	MEDICAL SUPERINTENDENT.	Admitted.	Discharged.	Remaining.	Total Treated.	Recovered.	Improved.	Unimproved.	Died.	Per Cent Recovered On Admissions.
Insane Hospital,.....	Augusta,.....	Me.,..	State,.....	1840,	Dr. Henry M. Harlow, ..	125	119	258	377	57	24	19	19	45.6
Asylum for the Insane,.....	Concord,.....	N. H.,	State,.....	1842,	Dr. J. P. Bancroft,	101	85	204	289	30	22	17	16	29.7
Asylum for the Insane,.....	Brattleboro,	Vt.,..	State,.....	1836,	Dr. Wm. H. Rockwell, ..	98	119	442	561	41	16	24	38	41.7
Lunatic Hospital,.....	Worcester,.....	Mass.,	State,.....	1833,	Dr. M. Bemis,.....	221	204	396	600	124	39	7	34	56.1
Lunatic Hospital,.....	Taunton,.....	Mass.,	State,.....	1854,	Dr. G. S. C. Choate,.....	208	150	421	619	87	12	51	43	42.5
Lunatic Hospital,.....	Northampton,	Mass.,	State,.....	1858,	Dr. Wm. H. Prince,.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
McLean Asylum,.....	Somerville,.....	Mass.,	Corporation, ..	1818,	Dr. J. E. Tyler,.....	82	94	176	270	39	27	10	18	47.5
Butler Hospital for Insane,.....	Providence,.....	R. I.,..	Corporation, ..	1847,	Dr. I. Ray,.....	36	39	132	171	17	7	10	5	47.2
Retreat for the Insane,.....	Hartford,.....	Conn.,	Corporation, ..	1824,	Dr. J. S. Butler,.....	170	160	231	391	72	45	19	15	42.3
State Lunatic Asylum,.....	Utica,.....	N. Y.,..	State,.....	1843,	Dr. John P. Gray,.....	287	305	514	819	106	51	115	30	36.9
State Asylum for Insane Convicts, ..	Auburn,.....	N. Y.,..	State,.....	1858,	Dr. C. E. Van Anden, ..	27	15	81	96	8	3	3	1	29.6
Bloomington Asylum,.....	Manhattanville, ..	N. Y.,..	Corporation, ..	1821,	Dr. D. T. Brown,.....	117	111	157	268	48	24	19	20	41.0
New York City Lunatic Asylum,.....	Blackwell's Island,	N. Y.,..	Pauper,.....	1839,	Dr. M. H. Ranney,.....	342	281	769	1147	161	.....	.....	97	48.0
Kings County Lunatic Asylum,.....	Flatbush,.....	N. Y.,..	Pauper,.....	1855,	Dr. E. R. Chapin,.....	204	168	366	534	87	42	7	32	42.3
Brigham Hall,.....	Canandaigua,.....	N. Y.,..	Corporation, ..	1855,	Drs. Cook and Chapin, ..	62	61	65	126	18	14	16	6	29.0
State Lunatic Asylum,.....	Trenton,.....	N. J.,..	State,.....	1848,	Dr. H. A. Buttolph,.....	161	170	325	495	88	49	16	17	54.6
Pennsylvania Hospital for the Insane, ..	Philadelphia,.....	Penn.,	Corporation, ..	1842,	Dr. T. S. Kirkbride,	194	164	285	449	90	45	16	13	46.2
Western Penn. Hospital for the Insane, ..	Pittsburg,.....	Penn.,	Mixed,.....	1856,	Dr. Joseph A. Reed,.....	71	67	114	181	25	30	9	3	35.2
Pennsylvania State Lunatic Hospital, ..	Harrisburg,.....	Penn.,	State,.....	1851,	Dr. John Curwen,.....	109	122	267	389	34	30	42	16	31.1
Insane Department, Philadelphia Hospital.	Philadelphia,.....	Penn.,	Pauper,.....	.....	Dr. S. W. Butler,.....	360	352	531	883	126	112	59	55	35.0
Friends Asylum,.....	Philadelphia,.....	Penn.,	Corporation, ..	1817,	Dr. J. H. Worthington, ..	13	17	56	75	8	4	5	2	61.5
Maryland Hospital,.....	Baltimore,.....	Md.,..	State,.....	1834,	Dr. John Fonerdon,.....	67	66	111	177	43	12	6	5	64.1
Mount Hope Institution,.....	Baltimore,.....	Md.,..	Mixed,.....	1842,	Dr. Wm. H. Stokes,.....	210	179	228	407	37	84	43	15	17.6
Government Hospital for the Insane, ..	Washington,.....	D. C.,..	United States.	1855,	Dr. Chas. H. Nichols, ..	357	291	278	569	204	19	.....	61	57.1
Eastern Kentucky Asylum,.....	Lexington,.....	Ky.,..	State,.....	1824,	Dr. W. S. Chipley,.....	43	49	231	280	25	.....	.....	16	58.1
Ohio Central Asylum,.....	Columbus,.....	Ohio, ..	State,.....	1838,	Dr. R. Hills,.....	157	149	260	409	90	22	24	13	57.3
Ohio Northern Asylum,.....	Newburg,.....	Ohio, ..	State,.....	1855,	Dr. O. G. Kendrick,	99	99	141	240	58	7	29	5	58.5
Ohio Southern Asylum,.....	Dayton,.....	Ohio, ..	State,.....	1855,	Dr. Richard Gundry,.....	92	90	161	251	61	11	7	11	66.3
Longview Asylum,.....	Longview,.....	Ohio, ..	Co. P'n.	1853,	Dr. O. M. Langdon,.....	138	149	346	495	92	26	.....	31	65.2
Indiana State Hospital,.....	Indianapolis,.....	Ind.,..	State,.....	1848,	Dr. J. H. Woodburn,.....	200	202	298	500	114	26	47	14	57.0
*Michigan State Asylum,.....	Kalamazoo,.....	Mich.,	State,.....	1859,	Dr. E. H. Van Deusen, ..	187	141	155	296	63	25	26	27	33.1
*Illinois State Hospital,.....	Jacksonville,.....	Ill.,..	State,.....	1851,	Dr. Andrew McFarland, ..	386	315	302	617	165	34	.....	34	42.6
California State Asylum,.....	Stockton,.....	Cal.,..	State,.....	1851,	Dr. W. P. Tilden,.....	301	215	499	717	93	.....	.....	65	30.9
Wisconsin Hospital for the Insane,.....	Madison,.....	Wis.,..	State,.....	1860,	Dr. J. P. Clement,.....	89	61	131	192	25	8	7	21	28.0
Provincial Lunatic Asylum,.....	Toronto,.....	C. W.,..	Provincial, ..	1841,	Dr. Joseph Workman,.....	94	76	414	490	.....	.....	.....	25	.....
Orillia Branch Lunatic Asylum,.....	Orillia,.....	C. W.,..	Provincial, ..	1861,	Dr. F. Ardagh,.....	83	2	123	128	.....	.....	.....	1	2
Malden Lunatic Asylum,.....	Amherstburg,.....	C. W.,..	Provincial, ..	1861,	Dr. A. Fisher,.....	34	18	218	236	5	1	1	11	14.7
Provincial Lunatic Asylum,.....	St. Johns,.....	N. B.,..	Provincial, ..	.....	Dr. H. Howard,.....	34	17	57	78	17	.....	.....	4	50.0
Rockwood Lunatic Asylum,.....	Kingston,.....	C. W.,..	Provincial, ..	.....	Dr. J. P. Litchfield, .....	.....	.....	.....	103	.....	.....	.....	.....	.....
Provincial Hospital for the Insane,.....	Halifax,.....	N. S.,..	Provincial, ..	1858,	Dr. J. R. DeWolf,.....	43	30	130	160	15	8	.....	5	34.8

* Statistics for two years.

The above Table does not include the Statistics of Asylums in States now in rebellion.









